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YEATMAN

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For The Poor-Law
Commissioners, with
the best respects of
the Author

+ of the Roy. Coll. of Surgeons
— Surgeon to the Frame
Charities, & formerly Asst.
Surgeon of the 91st Reg't, &
Surgeon ^{Extra} to His Late Roy.
Highness The Duke of
Gloucester.)

PLANS FOR REGULATING
MEDICO-PAROCHIAL ATTENDANCE :
ALSO,
OBSERVATIONS
ON
“SELF-SUPPORTING” DISPENSARIES
AND
UNION INFIRMARIES.

BY
JOHN CHARLETON YEATMAN.

FOURTH EDITION ENLARGED.

“ Da Dextram Misero.”

L O N D O N :

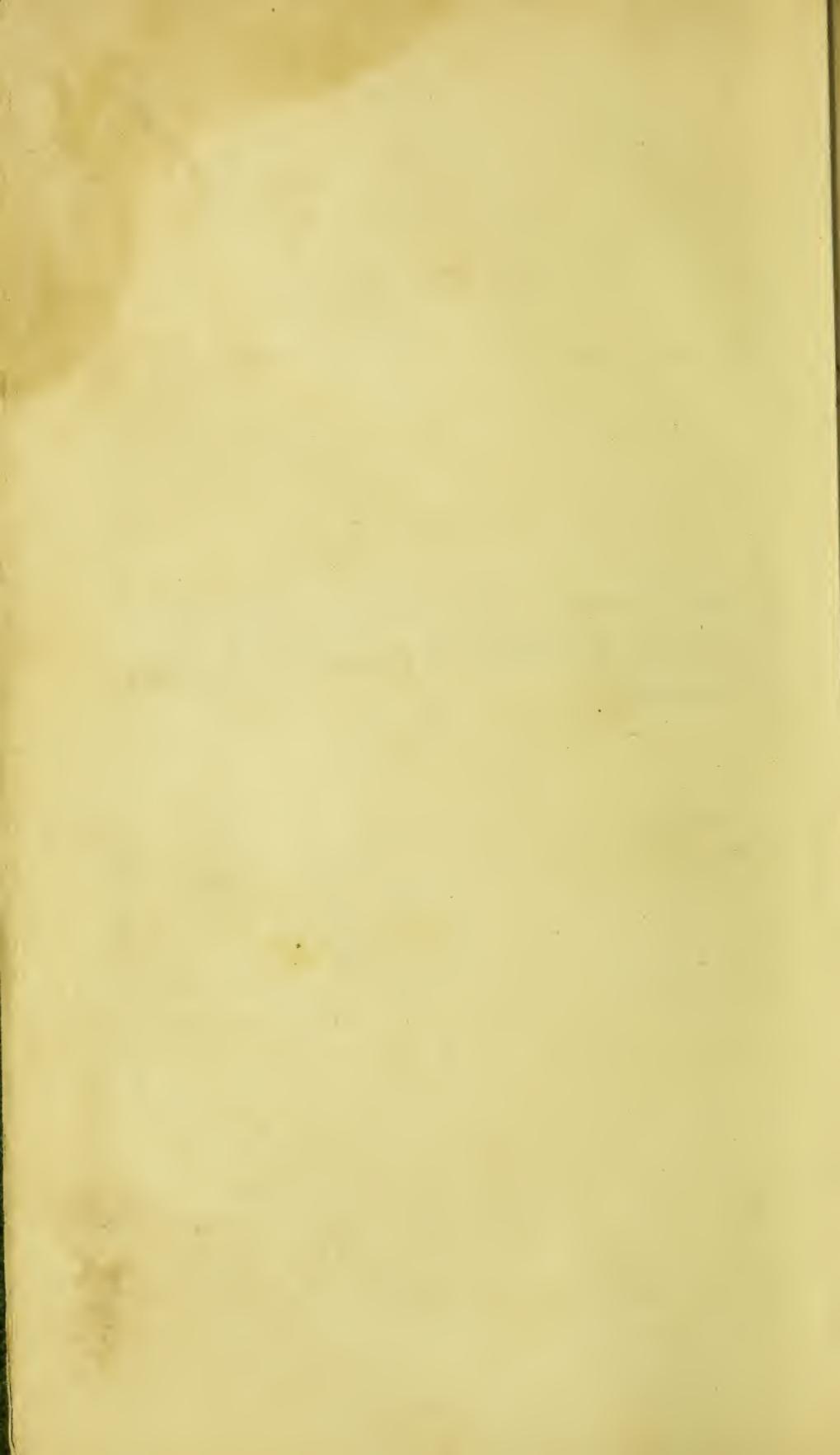
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AND J. & J. GARDINER, FROME.

1837.

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IN this edition will be found discussions between Mr. H. W. Rumsey, of Chesham; Dr. Arrowsmith, of Coventry; and the Author.



PART I.

PLANS FOR REGULATING MEDICO-PAROCHIAL ATTENDANCE.

SECTION I.

PARISH MEDICAL CONTRACTS.—REGULATIONS PROPOSED
FOR PARLIAMENTARY ENACTMENT.

In my pamphlet “On the Medical Care of Parochial Poor, &c.” (Longman and Co., March, 1818,) a strong case for Parliamentary inquiry into Parish Medical Contracts is made out, and a plan suggested for legislative enactment, with a view to remedy those numerous evils, of which the present unrestricted system of “farming out” the care of sick paupers is the cause.

It is necessary in this place to allude to the fact of offering for sale by auction, to the lowest medical bidder, the appointment of parish surgeon, and of paying surgeons for the care of the parochial sick, a stipend, such as a tradesman would be ashamed to offer for the annual medical care of his family,—and to remind the reader of the shameful and disgraceful monopoly of public practice, which exists under this system, country surgeons often contracting for the care of twelve or fifteen parishes at a time! Under this system, paupers suffer grossly from medical neglect; and parochial funds are drained, by

many who might have been cured in half the time usually occupied for such purpose, and by others becoming incurable, who, if adequately attended to at the commencement of their afflictions, would have been enabled to follow their ordinary occupations. How greatly, too, does the existing system degrade the character of the "surgeon and apothecary," the "physician of the poor in all cases!"

The superficial observer might attribute the evils in question to country surgeons. Those gentlemen, however, must accept of parish surgeoncies on almost any terms, or forego a certain share of private practice. It is true, that to contract for the medical care of sick paupers, and then to neglect them, is to break the contract, and, in law, to forfeit the petty salary; but parish officers and the yeomanry wink, more or less, at all instances of neglect; a rigid parsimony inducing them to act on a false economy. They rarely feel themselves justified in exercising *any* inquiry into these important matters, knowing how badly the surgeon is paid. It is useless to censure farmers and overseers for the system. They glory in driving hard bargains, and will say, "the harder the bargain the better for the parish." Some of the most skilful country surgeons will not accept of these appointments, and yet are every day performing acts of charity towards the sick poor. Indeed, to say nothing of paupers, the members of the medical profession, have ever under their care, with the certainty of but little remuneration, the great mass of persons, who work for their daily bread; so that they are continually laying the nation under heavy obligations. There are, it should be acknowledged, some humane and liberal overseers, who act towards sick paupers and parish surgeons in the most praise-worthy and honourable way. But the medico-political economist has to deal with overseers and parish surgeons *en masse*; and if any change is to be effected for the better, he must search for the principle on which this change is to be founded, in human nature itself. The fault does not rest with surgeons, overseers, or farmers; *it is a sin of omission on the part of Government*;—*it arises from the absence of such laws, as would ensure properly-remunerated medical aid to paupers.* It is an anomaly in legis-

lation to enact laws for the support of the aged, "the halt, and the blind," and yet *to omit those enactments, which can alone ensure for paupers necessary medical and surgical aid.*

In laying the foundation of the plan for the benefit of parishes, paupers, and practitioners, the following was my line of reasoning:—Adequate medical and surgical attendance on paupers—on more than one million of the most helpless of the human race—can only be procured by adequate remuneration. But what is adequate remuneration? The moderate pay given to medical men by country clubs, and other institutions of the same kind, is sufficient, *with some most important regulations on other points*, to ensure this most desirable and humane object; because for such pay the members of those societies are well attended to, and supplied with medicine. But country clubs, it may be said, are peculiarly constituted; they elect their own trustees, and clerks, and surgeons, the former of whom are ever jealous of, and watchful over, the "sick or bed pay," and the latter would neither be *re-elected* by the members, nor employed by their families, if they neglected the sick members. True; but let a similar rate of payment be fixed by Parliament; let the power of granting orders for attendance on paupers be extended to the officiating ministers and to the magistrates; let the *monopoly* of parish surgeonies be destroyed, by causing a pretty equal division of medico-parochial labour among the *younger* as well as the older surgeons, *on the principle of election by rotation*, and under such an improved system, paupers would be as well attended to, by medical men, as the members of clubs. The contract system, however, is unsound in principle, because the less labour bestowed, the less time consumed, the fewer visits paid, and journeys performed; and last, though not least, the cheaper the remedies employed, and the more niggardly furnished, the more profit will be gained by the contractor, although it must be owned that the regulations proposed, if enforced by legal means and penalties, would go far to guarantee to paupers adequate medical attendance. Still the contract system is unsound in principle, and therefore it should be abandoned wherever that can be done *con-*

sistently with the existing state of the poor-rate; and this can be effected in all the smaller parishes throughout the kingdom—say those having fifty paupers and under, per annum,—*medicines and “journies” being charged at only half-price*; because the medical charges for twelve, or fourteen, (or, allowing for an epidemic, twenty or thirty patients,) out of fifty paupers, would not be sensibly felt by the paymasters of parishes, or objected to by a humane Parliament in a christian country.

But I allow, it may be said, that the contract system, however much amended, is defective; why then not abolish it entirely? I do not think a system should be *wholly rejected* because it is defective, unless it can be shown to be incapable of improvement, to a reasonable and necessary extent, or one perfect in itself (humanly speaking) can be invented, and made to work well. There is a great objection to abolishing the contract system in *large parishes*, which objection would *increase in the ratio of the pauper population*, since it would lead to the employment of surgeons in *extreme cases only*, through fear of incurring expenses of no ordinary magnitude, and, frequently, *not until it would be too late to save the lives of paupers*; while, on the other hand, if as many orders for attendance were issued as were necessary, especially during a sickly season, the medical bills, (although, probably, in each instance moderate, would amount to enormous sums in the aggregate. Indeed, the bare expectation of this, would induce Parliament, to reject any bill, or clause of a bill, grounded on such an unguarded plan.

REGULATIONS SUGGESTED FOR PARLIAMENTARY ENACTMENT.

1. Parliament should be respectfully called upon to abolish the farming, or contract system, in those parishes, the amount of whose paupers receiving pay for the space of one year, shall be under the number of fifty, including children and casual paupers, and interlopers, (or those

residing in a different parish, from that to which they belong,) except in those parishes, in which contracts can be made between the parish officers and committees of district dispensaries, or infirmaries, for the care of their sick.

Contracts cannot be entered into, generally speaking, for the medical care of very small numbers of persons in parishes, for the most part situated at a distance of some miles from surgeons, the amount of which would enable them to discharge their duties well and faithfully.

2. The officiating clergyman, in addition to the church-wardens and overseers, should be empowered in such parishes to grant orders to medical men in favour of paupers; medicines, journeys, and surgical attendance, being charged only at half-price; the prices, in the event of dispute, to be regulated by two magistrates, by the ordinary charges to farmers.

If this power be limited, as at present, to overseers, the abolition of the contract system will lead, in many instances, to the employment of practitioners in extreme cases only, an evil of frightful dimensions. A false economy would frequently tempt overseers to withhold, or refuse the written order for medical attendance, except in cases of great danger, and frequently till it would be too late to effect the cure of the patient.

3. All parishes having fifty paupers and upwards, including children and casual paupers, and interlopers, should contract with medical men according to the following graduated scale of remuneration; and in default of their entering into such contracts, they should supply their sick poor with medicine and attendance, on the terms, and in the manner, specified in the foregoing regulation, except in those places, in which contracts can be made with the committees of dispensaries or infirmaries for the care of paupers.

The foregoing regulation will supersede all other demands for medicine and surgery, on account of casual paupers. The necessity of obtaining a suspended order of removal in reference to medical and surgical expenses, will be superseded. Bills of large amount would no longer be brought against parishes for the treatment of compound fractures, and other severe accidents, and dangerous illnesses. The negotiation between surgeons and overseers, on account of casual paupers and interlopers, so unsatisfactory and annoying to both parties, would cease. The overseer would be relieved from what he conceives to be a duty, however painful to himself and cruel to paupers, of withholding his order for medical and surgical attendance, and of incurring expenses over which he has no controul, the moment the magistrate's

order of removal is suspended; while surgeons would no longer be suspected of making the most of the overseer's order, when they have the good fortune to receive one;—motives which, in both cases, may prevail, so long as overseers and parish surgeons are suffered to remain, in this particular, in a false position with respect to each other. At a general meeting of the members of the Worcestershire Medical and Surgical Society, it was resolved, “That the system of removing paupers on account of application, in cases of illness, to the overseers of the parish in which they happen to reside, to that parish to which they belong, often deprives the poor family of the means of gaining a living, and frequently induces them not to apply for a suspended order, while, if a medical man is called on to attend under such circumstances, he has no legal means of obtaining any remuneration for his attendance.” Also, “That petitions be presented to both houses of Parliament, praying that some regulation may be introduced into the Bill now pending, relative to the poor-laws for medical attendance upon the casual poor.—Worcester, 1817.”

SCALE OF SALARIES FOR PARISH SURGEONS.

Paupers.	Per Head.	Salary.	Paupers.	Per Head.	Salary.	Paupers.	Per Head.	Salary.
	s. d.	£.		s. d.	£.		s. d.	£.
50	2 0	5	3,400	1 2½	211	6,800	0 11	317
100	2 0	10	3,500	1 2½	215	6,900	0 11	320
200	2 0	20	3,600	1 2½	219	7,000	0 11	323
300	2 0	30	3,700	1 2¼	223	7,100	0 11	326
400	1 10	37	3,800	1 2¼	227	7,200	0 10½	329
500	1 9	44	3,900	1 2	230	7,300	0 10½	332
600	1 8½	51	4,000	1 1½	233	7,400	0 10½	335
700	1 7½	58	4,100	1 1½	236	7,500	0 10½	338
800	1 7½	65	4,200	1 1½	239	7,600	0 10½	341
900	1 7	72	4,300	1 1½	242	7,700	0 10½	344
1,000	1 6½	79	4,400	1 14	245	7,800	0 10½	347
1,100	1 6½	86	4,500	1 1	248	7,900	0 10½	350
1,200	1 6½	93	4,600	1 1	251	8,000	0 10½	353
1,300	1 6½	100	4,700	1 0½	254	8,100	0 10½	356
1,400	1 6½	107	4,800	1 0½	257	8,200	0 10½	359
1,500	1 6	114	4,900	1 0½	260	8,300	0 10½	362
1,600	1 6	121	5,000	1 0½	263	8,400	0 10½	365
1,700	1 5½	127	5,100	1 0½	266	8,500	0 10½	368
1,800	1 5½	133	5,200	1 0½	269	8,600	0 10½	371
1,900	1 5½	139	5,300	1 0½	272	8,700	0 10½	374
2,000	1 5½	145	5,400	1 0	275	8,800	0 10½	377
2,100	1 5½	151	5,500	1 0	278	8,900	0 10	380
2,200	1 5	156	5,600	1 0	281	9,000	0 10	383
2,300	1 4½	161	5,700	0 11½	284	9,100	0 10	386
2,400	1 4½	166	5,800	0 11½	287	9,200	0 10	389
2,500	1 4½	171	5,900	0 11½	290	9,300	0 10	392
2,600	1 4	176	6,000	0 11½	293	9,400	0 10	395
2,700	1 4	181	6,100	0 11½	296	9,500	0 10	398
2,800	1 3½	186	6,200	0 11½	299	9,600	0 10	401
2,900	1 3½	191	6,300	0 11½	302	9,700	0 9½	404
3,000	1 3½	195	6,400	0 11½	305	9,800	0 9½	407
3,100	1 2½	199	6,500	0 11½	308	9,900	0 9½	410
3,200	1 3	203	6,600	0 11½	311	10,000	0 9½	413
3,300	1 3	207	6,700	0 11	314			

The price, per head, per annum, in the above scale, falls in proportion to the amount of poor for whom the contract is formed: since in

parishes where paupers are very numerous, a proportionably equal stimulus to the surgeon's exertions can be given, and yet some diminution in the price, per pauper, per annum, be made; a surgeon being able to visit, say twenty patients per diem, in a populous parish, in less time and with less labour than he can visit ten, in a parish in which the population is thinner and more scattered. By the army regulations, the country surgeon is paid, in the absence of a military surgeon, one penny per man, per week, which is at the rate of 4*s.* 4*d.* per man, per annum, for the medical care of recruiting parties, or small detachments of soldiers; and when the number is under 50, and contracts cannot be made for this rate of pay, 6*d.* per month is allowed, which is at the rate of 6*s.* per annum; and where no contracts can be entered into, they are permitted to attend soldiers at a price suited to such class of patients. In Mr. Becher's work on friendly societies, it will be found that surgeons contract for the medical and surgical care of those societies at prices fluctuating between 1*s.* 6*d.* and 4*s.* per member, per annum. The old established country clubs, in like manner, pay variously from 2*s.* to 7*s.* per member, per annum, frequently according to the number of their members, and to the circumstance of their being attended by a surgeon resident among the majority of them, or by one residing at a distance. In St. Mary's parish in Nottingham, in which there are 9000 persons, who are said to be entitled to parochial medical aid, the expenses have averaged, during seven years, 319*l.* 11*s.* 5*d.* per annum, or 8½*d.* and a fraction, per pauper, a year, for medicine and surgeon's salary, which is within 2*d.* per head, per annum, for that number on the scale. The terms on which the above contracts are made, are much higher than those usually entered into with parochial surgeons, and the professional duties are fairly and satisfactorily performed. My general means of calculation, as to what would be sufficient medical pay, have been deduced from the above and similar data.

4. Overseers of parishes, contracting for the care of the sick, should be obliged to keep a correct list of all descriptions of paupers receiving pay during each year, with columns for their names, residences, and number of their children, and to hand over the same to parish surgeons on the 25th of March, terminating the period of each contract, in order that the amount of salary may be satisfactorily ascertained.

5. Paymasters should be empowered to withhold payment of *half* the salary in the event of the surgeon having, in the opinion of three-fourths of the paymasters, in vestry assembled on the 25th of March, neglected his duties, and to refuse to appoint such surgeon on any future occasion.

6. Practitioners should be prevented from making a monopoly of parish surgeonies. Parishes should not be suffered to appoint them, otherwise than in rotation,

where there are two or more resident surgeons; and in respect to parishes in which there are no resident practitioners, the care of the sick should be offered to the neighbouring surgeons, likewise in rotation, after two years' residence and practice. No surgeon, however, should be allowed to have the care of more than 2000 paupers during any one year, or more than three or four of the smaller and more distant country parishes, provided another efficient surgeon can be obtained; and the vestry should have the power to refuse to appoint any surgeon leading an immoral life.

It is very common for an individual practitioner, particularly if he be influential in his parish, to be re-elected every year to the office of parish surgeon, as a matter of course, performing the duties languidly, and to the exclusion of his more active brethren. This tends greatly to the neglect of the sick, and to the injury of the parish funds. It excludes the sick from the great advantages arising from an honourable competition among medical men in the discharge of their medico-parochical duties. It often happens, also, that one surgeon will be re-elected yearly, during the whole course of his life, to a dozen or more parishes; although it is obvious that no man can discharge his duties well and faithfully to more than one large parish, or to three or four small ones, at a time.

7. Surgeons contracting for the medical care of paupers, should be required to attend those only who are actually or occasionally receiving parochial relief, or when requested to do so in writing by the proper authorities, unless in urgent cases.

This distinction will be found very necessary, or the surgeon will be often expected to attend *all the poorer classes, including servants.* In this way thousands become chargeable to parishes, who otherwise would rub through their difficulties, without having recourse to such means of support: it is done by begging of parish-surgeons, certificates of inability to work, through sickness; thus making *their surgeries the high road to parish funds.* This remark applies more particularly to very populous parishes, such as those in which the manufactures of the country are chiefly carried on. It is true, the parish surgeon, generally speaking, only contracts to attend *paupers*, and none other are paupers than those deriving parish pay, therefore he is not in law bound to attend other persons on the parish account. As custom, however, is apt to obtain the sanction of law, and as for one person who is prevented from seeking parish pay in consequence of receiving medical aid, five are sent to the pay-table with medical certificates, or approach that table *boldly*, however trifling their ailments, with the plea of being under the care of the "parish doctor," the above regulation is by no means to be omitted. And yet it is necessary to leave a discretionary power on this head, with the proper

authorities, lest a labourer, or other poor person, unable to pay for medical advice, who has worked hard, and from a proper feeling of pride has never applied to the pay-table, should be refused medical advice.

The abolition of the contract system in the smaller, and its modification in the larger parishes, will prove as much for their benefit as for the interest of the poor. In short, a bill (or clause of a bill) embracing the foregoing regulations, if carried through Parliament, would divide the labour of parish surgeonies equally among practitioners, enable them to discharge their parochial duties, preserve the lives of many, who are the victims of a mistaken economy, shorten the duration of sickness, and consequently lessen the poor-rate.

SECTION II.

RURICOLA'S SCHEME FOR REGULATING PAROCHIAL MEDICAL ATTENDANCE.

To the Editor of THE LANCET.

UNCONNECTED as I am with any *party* in the profession, I have no hesitation in expressing my sincere pleasure on perceiving a modification of your views as to the origin of the abuses now perpetrated in the rural districts, under the name of "Medical Relief."

In the excellent observations contained in the leading articles of the three last Numbers of THE LANCET, you place the question in its true light. The blame attaches to the entire *administration* of the Poor-Law, and the Somerset-House gentlemen, as the head of that administration, are the *principal*, though by no means the *only* offenders; nor is there any probability of redress until "the conduct of the Poor-law Commissioners and their assistants be brought before the consideration of the executive Government and Parliament."

But of what use will complaints be, unless we are provided with a remedy? In accordance, therefore, with your general request to the profession to furnish suggestions, and as an answer to your direct question, "what is the scheme that medical practitioners would recommend?" permit me to propose a plan, which, as far as it has any merit, will recommend itself to your attention, and to that of your numerous readers; and, even should it be altogether undesirable, will, I hope, be the means of calling forth more suitable and unobjectionable schemes of amendment. Therefore, I propose three principal measures.

I. That there be a certain and uniform remuneration for parish medical attendance.

II. That parochial surgeons be fully authorized, in every case, to decide upon the necessity of their assistance to sick paupers.

III. That the rate-payers of each parish appoint the medical attendant of their poor.

1st. *As to remuneration.*—The principle of appointment by "tender," as a *test* of the qualification of medical candidates, is so manifestly wrong, so fraught with evil, so unfair to settled practitioners, and so productive of transactions disgraceful to the character of the profession, that its abolition would be hailed with satisfaction by every medical man, except those infatuated speculators, whose object is, *at any risk*, to occupy a *point d'appui*, from which to invade the practices of their previously established brethren. Nor is the plan adopted in some other Unions more defensible; viz., a certain remuneration offered, far below the previous expense of medical attendance, without any reason assigned, except that of "economy," and forced upon the medical residents under the threat of introducing one of the students, or half-pay surgeons, whose names are on a list at Somerset House. Both these abuses would be removed by the adoption of a scale of remuneration, calculated upon the real cost of proper medical attendance. But suppose the principle of a fixed scale of remuneration were determined upon, several questions arise as to the *mode and data* of its calculation, and as to the *persons* by whom it should be calculated.

2nd. *As to the mode*; it must be either estimated by the total number of paupers in each parish—or it must be by an average payment for each case of illness. The former appears most generally acceptable to medical men, and is proposed in an able pamphlet by Mr. Yeatman, of Frome; if adopted, however, the *distance* of parishes from the medical officer, as well as the *superficial extent* of large parishes, must be provided for in addition to his plan.

But I doubt the propriety of this mode, for the following reasons:—1st, the difficulty of the calculation is much greater. Indeed, I know not exactly how a scale, containing a variation in the number of paupers, a variation in the distance of parishes, and a variation in their superficial extent, could be compiled; and without either of these three items it would be imperfect as a guide to a fair and reasonable remuneration for the trouble and expense bestowed. 2ndly, the total number of *paupers* is not by any means always proportional to the number of *sick*. 3rdly, disputes might often arise as to who are strictly paupers; since the regular paupers of the country are rapidly diminishing, as a distinctive class. And 4thly, it is probable that the administration of the Poor-law will reduce the number of *paupers* much faster than the number of *patients* who must be attended by the parish surgeon.

None of these difficulties present themselves with the payment per case; and it has the advantage of being recommended by the Poor-law Commissioners. Each separate payment must, however, depend on the total number of patients likely to be attended, and on the distance of every patient from the medical officer. These two conditions would comprise the three variations of the preceding mode of calculation, and might be easily embodied in a scale similar to one proposed by Mr. Rumsay, of Chesham, to the Wycombe Board of Guardians. The objection to a payment per case is, that it is a temptation for the relieving officer to withhold slight cases from treatment. This objection is so valid, that it would be absolutely necessary to deprive the relieving officer of this power, before the plan were adopted. Then it would be unobjectionable. But more of this under my next proposition.

As to the persons by whom the calculation should be made, most certainly it should not be entrusted to the Poor-law Commissioners, nor to our own body, exclusively; but I think it might be fairly settled by the two parties in conjunction, that is, the country practitioners might appoint a certain number of deputies (the fewer the better for the execution of the business), who should have power to treat with the Commissioners on the subject; or, what would be preferable, the Government might appoint some disinterested persons, whose attention may have been previously directed to the expense of medical attendance for the poor, to decide on the amount of remuneration.

By whomsoever made, the scale should be in force only for two or three years, in order that unavoidable defects may be rectified, and unforeseen variations in prices may be periodically adjusted.

3rdly. *As to the power of "ordering" medical attendance for the sick paupers.* This must no longer remain in the hands of the relieving officers. It is utterly unjustifiable that these men, who in many instances are ignorant and unfeeling, necessarily absent from home during the greater part of their time, and anxious to curry favour with their employers by a rigid parsimony, —I say it is monstrous, that to these persons should be intrusted the delicate, important, and prompt decision, as to whether the applicant requires medical assistance. Almost all the coroner's inquests that have been held on neglected paupers since the introduction of the new Poor-law, have implicated the relieving officer.

It appears to me, therefore, that the medical officer must be the first referee in every case, nor should the sick pauper have to do with any other authority until medical advice has been obtained. Some check would, of course, be required on the surgeon, to prevent the lavish distribution of relief to those whose circumstances do not entitle them to parochial assistance, and this might be arranged by a subsequent appeal to the relieving officers, or by the Board of Guardians declaring that the relief afforded is by way of loan, to be recovered according to the provisions of the Act on that head.

4thly. *That the rate-payers of each parish should*

elect their medical officer. This point is one, which is rather likely to be passed over as unimportant; to me it appears far otherwise; for even supposing that the first and second propositions should be agreed to, the Board of Guardians would still have it in their power to inflict much personal injustice and general injury, by the appointment of unfit and unacceptable persons to fill the responsible situation of parochial medical attendant.

Indeed, in proportion as the office might be made a more desirable one, so would a system of jobbing and favouritism prevail more generally in these appointments. In a union of twenty or thirty parishes, the guardians cannot be expected to know the merits of each medical candidate, nor to judge impartially of the wants of each locality; the friends of the influential members of the board would, therefore, frequently be chosen in preference to the independent practitioners, who might possess no other recommendation than the confidence and good will of the parish in which they reside,—a recommendation which *now* often tells more against than for a candidate. Above all, the vile system of *medical districts* might still continue in force, for although the guardians would be unable to economize by it as they do at present, yet the mere wantonness of power, and the absurd fancy of simplifying their arrangements, might lead them to appoint three or four medical officers, where ten or twelve ought to be employed. These apprehensions are not merely speculative, but arise from a close observance of the working of present measures.

Not only, therefore, as a preventive to these evils, but as due to the parishioners and to the medical profession, let each parish elect its own surgeon. The *merits* of the candidate will surely then be the only question with the electors, and as no increase of expenditure would follow their exercise of the right of suffrage, it is but in accordance with the liberal spirit of the age that it should be extended to them.

The contested election between Mr. Cosgreave and Mr. Dunn, for the parochial surgery of St. Clement Danes, is a striking fact in support of my proposition. If four or five guardians had been left to settle that matter, it is just as probable that Mr. Dunn would have

succeeded as Mr. Cosgreave, although the latter was obviously entitled to hold the office, from "the humanity, skill, and industry, with which he had for nine years discharged his duties in that parish." Your remarks on that election were as just as its termination was fortunate.

Once more, therefore, I submit that, to put an end to the vexatious and unsatisfactory mode of appointment now in vogue, to increase the respectability of the office, and to prevent future chicanery and patronage, the rights of the rate-payers should be restored, and the parochial surgeon elected by the votes of the majority. This election need not interfere with the supervision which the Boards of Guardians, as the executive power of parishes, must continue to exercise over the conduct of all parochial functionaries.

I have now, Sir, laid before you the heads of my plan,—there are many details which I refrain from troubling you with. Trusting to your liberality for the insertion of my remarks, I remain, at present preferring to be known only as, your obedient servant,

RURICOLA.

Dec. 21st, 1835.

To the Editor of THE LANCET.

SIR,—You have, in advocating the cause of more than a million of the human race, when suffering from disease, very properly reminded the profession, that the time is fast approaching when its members should agree on some "almost unobjectionable plan," for the removal of the gross defects of the present system of medico-parochial relief. You truly intimate, that all concur in the necessity of a change in the system, and that the only question is, what are the principles on which the alterations should be made, and how they should be carried into effect? And, finally, you have most judiciously observed, that it will be of little use again to direct the attention of the House of Commons to the subject, unless

the profession be provided with a remedy for the evils, already so fully made known, and so generally acknowledged.

It is now nineteen years since my sentiments on the medical care of paupers were first recorded in the *Medical and Physical Journal* of London. In the year following, a plan was suggested by me for legislation, which was published by Longman and Co. The scale of medical pay, as contained therein, was not, however, sufficiently graduated, and was much too high to be likely to receive the sanction of Parliament, from which quarter alone any fair and final settlement of the question was to be expected. From 1818 to 1834, I watched, even more carefully than before, the working of the contract system. Meanwhile, the pamphlet alluded to was distributed among Members of both Houses of Parliament, the clergy, and the medical profession; and, lastly, despite of expense and discouragement, a new and improved edition was circulated, like the former, first inserting a copy of it in *THE LANCET* for April, 1831, with a graduated scale, which cost me no little labour to construct. My plan, which embraces one uniform system in the appointment and salaries of parish surgeons, consists mainly,

1st. Of a graduated scale of remuneration per head, and per hundred, of paupers, falling in price, in proportion to numbers, but below which rate of pay, no surgeon should be permitted, by law, to contract.

2nd. It recognises the principle of a comparatively minute division of medical labour, secured by appointing surgeons to parishes, or districts, in *rotation* (after two years' residence and practice), and limiting them to the care of two thousand paupers, annually, where medical men can be obtained in the immediate neighbourhood of the respective parishes or districts.

3rd. The contracts recommended, are to include casual paupers and interlopers, the treatment of compound and simple fractures and dislocations, and those attended under a suspended order of removal; no bill for extras being allowed, except for midwifery and trusses.

4th. It is also recommended that no pauper should receive medical relief, without an order from the proper authorities, unless in very urgent cases.

Permit me, Sir, to refer my professional brethren to No. 400, page 151, et seq. of your periodical, for the details of the plan alluded to, and to express a fervent hope that they will support it, unless they can produce one more worthy of their confidence, and of my humble but zealous assistance.

Many valued correspondents approve of the plan under consideration, while some propose, in addition to the salaries, so much per mile for journeys beyond the first mile. This item of pay, I apprehend, would be opposed in Parliament, because it would unsettle the amount of salaries, and open the door to real or supposed imposition. Surgeons would be suspected of performing more journeys than necessary. My experience, however, and close attention to the whole of this most important subject, induce me to recommend that the expense of drugs be defrayed by parishes or unions, instead of by medical contractors, the amount of which would be in augmentation of professional remuneration under my scale; and this probably might meet the views of those who think it too low, while it would remove all suspicion of paupers not being duly supplied with medicine. The medicine to be furnished by select vestries or guardians, with the advice of the parish, district, or union surgeons, and to be placed in a room fitted up for the purpose by order of guardians or vestries. This room to be in a convenient situation, at which the surgeons or their assistants should dispense the medicines, at stated hours, except in cases of emergency, when it should be done, as heretofore, at their own houses, and at their own expense.

The union of parishes has increased the number of medical monopolies, and, in the same proportion, has rendered it impossible to discharge the medical duties, while many districts of unions are much too extensive for the medical superintendance of individual surgeons. The former miserably low rate of pay has been reduced in the districts and unions, and advertising for tenders is, in effect, farming out the care of the sick to the lowest or almost the lowest bidder. In short, the well-known evils have been very recently multiplied and aggravated.

In defending the appointment of young surgeons, immediately from the schools of medicine, the Poor-law

Commissioners speak of the superiority of their education, as compared with that of their elder brethren, affirming it to be equivalent to the experience of the latter. But this singular argument, applied only to one of the departments of medicine—midwifery—will lead, if acted upon, to inhumanity and death; since in difficult cases of childbirth, nothing short of experience will enable them to overcome the difficulties of the case.

Another error of great magnitude has been committed by the commissioners, in advising guardians to pay surgeons so much per patient, instead of per pauper, per annum. The relieving officer, knowing nothing of the insidious approaches of disease, will, in numerous instances, refuse orders for medical relief, except in obviously severe and protracted cases of illness and accident. And it is frightful to contemplate as to what may become of pauper sick, after the half-crown fees, per patient, shall amount to the former salaries, for attendance on whom the district and union surgeons are not to be paid one farthing.

To amend the law regarding the medical care of paupers, will be as great a benefit to parishes as to the sick and hurt poor, since the latter, being more skilfully treated, will sooner be removed from the list of those receiving parish support. How many cripples, blind persons, and individuals unable to work, have remained through life a burden to themselves and parishes, in consequence of medical neglect, and the bad management of fractures, dislocations, and diseases of the eye, and of those numerous chronic forms of disease, the victims of which might have been restored to health and profitable labour, if duly supplied with medicine and advice in the earlier stage of disease! How many parents have died, who might have been saved under a better system of medical relief, and whose families have been thrown on their parishes for support! To say nothing of the impulses of humanity, a change of system may be truly advocated in Parliament, in accordance with economy. No pecuniary saving will result from leaving one portion of the pauper population to the care of medical contractors, at 2s. 6d. per patient, while another portion is to depend only on the eleemosynary aid of medical practitioners, notwith-

standing the fact that their services in this way are beyond all praise,—services performed like those of the illustrious Boerhave, who declared the poor to be his best patients, because God was their paymaster.

I remain, Sir, your obedient servant,

J. C. YEATMAN.

Frome, Somerset, Dec. 28th, 1835.

RURICOLA'S SCHEME IN CONTINUATION.—REMARKS ON
THE PROPOSITIONS OF MR. YEATMAN.—SCALE OF
REMUNERATION.

To the Editor of THE LANCET.

SIR,—I could hardly have hoped for so fortunate a concurrence of events, as the juxtaposition of Mr. Yeatman's and my letter in *THE LANCET* of Jan. 2nd. I trust that they may induce a thorough sifting of the arguments for either scheme; and though I should perhaps leave this to the profession at large, yet I am desirous of replying to one or two of Mr. Yeatman's observations, both on his own propositions, and on the system of a payment for each case of illness; as well as to put you in further possession of the details of the latter mode of remuneration, as proposed by myself.

With regard to Mr. Yeatman's first proposition, I beg to refer your readers to the four objections stated in the second column of my letter, which I humbly conceive are conclusive, as to the difficulty attending the calculation of this mode of payment.

His second proposition is excellent in principle, but I think two year's previous residence and practice, too long as a necessary prerequisite, for it would tend to shut out

many a desirable substitute for a practitioner who may have neglected, and have become incapacitated for, his duties.

His third proposition is quite in unison with my own views, as to the propriety of including every thing (with a single exception, viz., vaccination) besides midwifery and trusses, in the proposed remuneration, however that may be calculated.

But upon his fourth proposal, I am quite at issue with him; I acknowledge no "proper authorities" in this important matter but the medical officers themselves, nor can I see the justice or propriety of any one else deciding on the urgency of a case of illness. Indeed Mr. Y. elsewhere allows, "that the relieving officers can know nothing of the insidious approaches of disease;" and he most truly says, that the "victims of delay" (which must frequently occur where a non-professional person is to decide on the patient's need of assistance) "might have been restored if duly supplied with the medicines and attendance in the earlier stages of the disease."

This *early* attention can, therefore, only be ensured by an immediate and unrestrained application to the medical officers, and the plan which I have suggested, to prevent the parish and the medical men being burdened with applicants who have no claim on parochial relief, is quite a sufficient check on all parties, viz., that the Board of Guardians should investigate the weekly list of patients presented to them by the medical officer, and declare that the medical relief afforded to those individuals who do not belong *strictly* to the class of paupers, is merely by way of loan; the regular payments for such cases being recoverable from the patients according to the provisions of the Poor-Law Amendment Act, or similar provisions to be made for this special purpose. The patient to whom such aid is lent, should be entitled to medicines and attendance for one entire week (at least) from the first application to the surgeon. By this means not only are the parish and the medical officer protected from loss, but, in the interval, prompt attendance is provided for the sick.

I have considered Mr. Yeatman's plan attentively, and am unable to discover how his scale of remuneration could

be applied, if, as he proposes in his last letter, "the expense of drugs were defrayed by parishes and unions." He must surely contemplate some reduction of his scale, when he recommends this separate parochial payment for medicines.

With regard to his proposal, however suitable or practicable it might prove in large towns, it would, I feel convinced, be quite the contrary in agricultural districts with a scattered population; in these cases there can be no dépôt for drugs, except the medical man's own residence.

Mr. Yeatman's objections to "a payment per patient" or "per case," apply only to the vicious mode of carrying it into effect, which the Poor-Law Commissioners have adopted; for if, according to my plan, the dangerous power, vested in the relieving officer, of "ordering" medical relief, were abolished, and *no* limitation allowed to the number of cases for which payment is to be made, which I also most strongly contend for, I conceive that his objection would be neutralized.

In thus venturing to criticise Mr. Y.'s proposals and observations, I do so with a sense of high respect for the benevolence, perseverance, and ability, with which he has for years advocated the cause of the most suffering and helpless portion of the community.

Permit me now to show the practicability of calculating a scale of remuneration on the principles I have already laid down.

A payment for a case of illness must include two items of remuneration;—*the first*, a payment for drugs, &c., &c.; *the second*, for the time, skill, and trouble of the surgeon. The first may be readily estimated by a reference to hospitals and dispensaries, &c. The Rev. C. Oxendon, of Bishopsbourne, has drawn up, with great industry, skill, and success, a "Statistical Report of the Principal Provincial Hospitals in England." The average cost of each patient in those institutions will be found in this very valuable work; I have deduced the following calculation from it:

The total number of patients treated during one year in twenty-seven hospitals (including all except a few small and recently established infirmaries) was 90,426, of which

23,180 were in-patients, and 67,246 out-patients. The total expense of these in drugs, leeches, wine, spirits, surgical instruments, &c., was 17,969*l.*, or about 3*s.* 11 $\frac{3}{4}$ *d.* per head ;—in drugs and leeches *only*, 11,044*l.*, or 2*s.* 5 $\frac{1}{4}$ *d.* per head. The first of these sums includes *more* than the parish surgeon has to supply his patients with ; the second, *less* ; we may suppose the intermediate sum of 3*s.* to be nearer the mark ; but we must admit, from Mr. Oxendon's impartial statement, that the expenditure in drugs in some of the hospitals has been uselessly extravagant.

I have further examined fifteen annual reports of some of the principal dispensaries in England, both charitable and self-supporting, which give a total number of patients of 26,708 ; and an expenditure in drugs of 1561*l.*, or about 1*s.* 3*d.* a head.

The Rev. C. Oxendon elsewhere says, “The medical expenses of an hospital in-patient are three times greater than those of an out-patient during the same time. So again, dispensary home-patients will be more expensive than those who attend personally at the dispensary. I consider 1*s.* 6*d.* per head sufficient for an out-patient, and 4*s.* 6*d.* for an in or home-patient.”

A respectable druggist in Southampton supplies medicines to the patients of charitable dispensaries at 4*s.* per head ; and another in Blackfriars, London, at 2*s.* 6*d.* per head.

But another valuable fact may be taken from St. Mary's parish, Nottingham. In the parochial dispensary, in which the number of patients annually treated (on an average of *seven years*, ending March 1825) was 2096, and the average annual expense in drugs, &c. per head, being about 1*s.* 6*d.*

Taking, therefore, these several averages as guides, we may reasonably and fairly conclude that a payment of from 2*s.* to 3*s.* per head, would defray the cost of drugs. When the number of patients is great, I have no doubt that 2*s.* would be sufficient ; while, if small, 3*s.* would be required.

The second item of remuneration, viz., the time, skill, and trouble of the medical attendant, is not so easily estimated, as, of course, it is more a matter of opinion.

It cannot and ought not to be expected, that parochial remuneration should, by any means, be equivalent to the value of professional services. Medical men must look for their incomes to the higher and middle classes of society, and can only claim of the community an exemption from absolute loss in their attendance on the poor.

Influenced by these notions, I suggest that the *lowest* average payment for attendance *solely*, should be 1s. for each case, and this only where there are very numerous patients comprised within a small space, and close at hand to the medical officer; on the other hand, where there are very few patients, it could not be stated at less than 3s. per case.

Again, the circumstance of distance from the medical officer, which in thinly-peopled agricultural districts entails on him considerably more labour and expense, requires a distinct and uniform charge, not only for the reason just mentioned, but *as a pecuniary check on parishes* appointing medical officers situated remotely and inaccessible with regard to the sick-poor.

For this item, I propose an additional fourpence per mile for each patient residing at a distance from the medical officer, whether actually visited by him or not. This arrangement would not be open to the objection properly urged by Mr. Yeatman against a charge for each journey.

Such being the data of my calculation, deduced not only from the average estimates already mentioned, but from a comparison of many parochial salaries, I recommend the annexed scale, in which it will be seen that the lowest charge, 3s., includes, as before stated, the cost of drugs 2s., and of attendance 1s.; while the highest rate of the scale comprises the *cost of drugs* 3s.; attendance 3s.; and distance above five miles (or within six) at 4d. per mile, 1s. 8d.: in all 7s. 8d.

The intermediate charges of the scale increase in arithmetical progression, and the number of patients in geometrical; a much more reasonable as well as more correct variation than that of Mr. Yeatman's scale.

SCALE for calculating the Remuneration for Medico-Parochial Services.

Distance of Patients from the Medical Officers being within	Number of Cases of Sickness and Accident attended in each Parish during One Year, being						
	25	50	100	200	400	800	1600
1 Mile	s. d. 6 0	s. d. 5 6	s. d. 5 0	s. d. 4 6	s. d. 4 0	s. d. 3 6	s. d. 3 0
2 Miles	s. d. 6 4	s. d. 5 10	s. d. 5 4	s. d. 4 10	s. d. 4 4	s. d. 3 10	s. d. 3 4
3 Miles	s. d. 6 8	s. d. 6 2	s. d. 5 8	s. d. 5 2	s. d. 4 8	s. d. 4 2	s. d. 3 8
4 Miles	s. d. 7 0	s. d. 6 6	s. d. 6 0	s. d. 5 6	s. d. 5 0	s. d. 4 6	s. d. 4 0
5 Miles	s. d. 7 4	s. d. 6 10	s. d. 6 4	s. d. 5 10	s. d. 5 4	s. d. 4 10	s. d. 4 4
6 Miles	s. d. 7 8	s. d. 7 2	s. d. 6 8	s. d. 6 2	s. d. 5 8	s. d. 5 2	s. d. 4 8

Example.—If the total number of cases attended during one year in any parish be 400, the payment for each of those occurring within one mile of the surgeon's residence should be 4*s.*, within two miles 4*s.* 4*d.*, within three miles 4*s.* 8*d.*, within four miles 5*s.*, and so on.

If the number of cases be intermediate between any of the numbers mentioned at the head of the scale, the payment for each should be altered proportionally; thus, if the medical officer had attended 150 cases, the payments would be 4*s.* 9*d.*, 5*s.* 1*d.*, 5*s.* 5*d.*, 5*s.* 9*d.*, 6*s.* 1*d.*, and 6*s.* 6*d.*, according to the distances respectively. The subdivision of the scale might be made yet more minute.

One column of the above scale, or some intermediate rate of payment suited for each parish, should be agreed on at the beginning of the year (perhaps according to the number of cases attended during the previous year), otherwise either party concerned might, by fraudulent management, increase or reduce the sum total paid for the same amount of labour at the end of the year.

Every distinct and different case of illness, or accident, in the same individual, however close in succession, should be charged; but, to prevent any unfair conduct on the part of the medical officer, a relapse of the same disorder occurring within one month from the date of discharge should be considered as part of the former illness.

There should be no extras, except for midwifery, trusses, and vaccination. I think I am expressing the opinion of a majority of medical men in proposing that

the ordinary run of pauper midwifery cases should be managed by a female midwife; a medical practitioner attending only when called on by her. This will not only be a saving to parishes, but a relief to the profession. The charge should not be less than *one guinea*, with an additional allowance for mileage. Vaccination might be charged at 1*s.* 6*d.* per head, and trusses at cost price.

No practitioner should be allowed to attend paupers distant more than six miles, unless he be the nearest eligible medical resident to those paupers; when a further charge of 4*d.* should be made for every additional mile in each case; nor should any one be permitted to undertake the entire care of a parish or parishes, which, during the previous year, have furnished a total of above 1000 cases; nor any firm of medical men more than 1600 cases.

There is one obvious advantage in the proposed remuneration, viz., that as it provides for *two* clearly defined items of expenditure, they might be separated, if desired, and so afford a facility to parishes for supplying their own drugs (which, although recommended by Mr. Yeatman, could not be satisfactorily effected on his plan); for instance,—deducting 3*s.* for medicines from each of the payments in the first column, for 25 cases; 2*s.* 10*d.* from each of the payments for 50 cases; 2*s.* 8*d.* from each of the payments for 100; 2*s.* 6*d.* from the payments for 200; 2*s.* 4*d.* from the payments for 400; 2*s.* 2*d.* from the payments for 800; and 2*s.* from the payments for 1600; the remainder will show exactly the sums which should be awarded to any surgeon who might undertake the care of the poor, without furnishing the medicines.

I am not aware that I have now left any material part of my scheme unexplained, but shall be happy, with your permission, to answer any questions or observations it may elicit.

I remain, your obedient servant,

RURICOLA.

Jan. 13, 1836.



SECTION III.

ERRORS OF THE POOR LAW COMMISSIONERS, AND
REMARKS ON RURICOLA'S LETTERS.

To the Editor of THE LANCET.

SIR,—In the concluding part of my last communication, some of the errors of the Poor-Law Commissioners are briefly recorded. I pointed out the increase produced in the number of medical monopolies; the still further reduction of the late miserably low rate of medical pay; the inhumanity of farming out the care of sick paupers to the lowest bidders, by advertising for tenders; and the impropriety of employing young men, immediately from the schools of medicine, to attend in difficult and dangerous cases of midwifery, &c. I observed also, that by paying the surgeon a fixed price per patient, while the power of granting orders for his aid was limited to the relieving-officer, severe and dangerous cases only would be committed to his charge, and often not until it would, under Divine Providence, be too late to save the lives of paupers. And, lastly, my fears were expressed as to what might become of those unhappy patients, for whose medical care nothing was to be paid. Certainly a most unaccountable method of providing medical aid for a portion of the sick, is to inform the surgeon that he is not to receive any remuneration for his remedies and services. In the Commissioners' Report to Lord John Russell (Aug. 8, 1835) are the following words:—"In some Unions, as in the Wycombe Union, it has been provided, that the terms of the contract should be a remuneration, at a given sum per head, on the number who receive medical aid; but with the proviso, that the gross charge shall not exceed a given amount;" and again, "that the aggregate charges for medical relief within the new Unions, shall not exceed the aggregate of the former expenditure for

medical relief in the separate parishes now included in the Unions." (Example.) The old salary was fixed at £10. per annum; the new charge is 2s. 6d. per patient; the number of patients 100; of which the first 80 are to be paid for (eighty half-crowns being equal to £10.), and the last twenty are to be attended and provided with medicine gratis!

In this letter, Sir, allow me to comment on some other points, introduced in the above-named Report, concluding with remarks on the scheme proposed by your ingenious correspondent "RURICOLA," in the course of which his strictures on my plan, it is to be hoped, will be sufficiently answered.

The advantages of the Commissioners' system of medical contracts are singularly illustrated in their Report, by the evidence of a medical witness. "I approve of the system," says the witness; "but the amount in the present contract is inadequate. I think I shall lose a guinea a-week by it. In some of the parishes it is at present only one-third of what I have received in former years for the same time. But I approve of the system for these reasons; it is a self-acting check upon the relieving-officer in giving improper orders, or withholding proper orders, upon application for medical relief, in making the patient feel that, in receiving it, he is a pauper, and causing the parish a specific charge for him; and upon the medical man, by causing an inquiry into each case, so that none can escape attention, and by that means also secure proper attendance to the patient." Certainly no relieving-officer, in the *honest* discharge of his duties, will give improper orders in favour of medical men. But, according to the Report, "the inferior officers" (under the old system) "have been fee'd by the medical officers, to search out, and give them information of, cases, under the expressed, or the implied condition, that they should be allowed to charge whatever they pleased for attendance and treatment of non-parishioners, under suspended orders of removal, or orders of medical relief given by the overseer." Now, suppose the relieving-officer to be fee'd for granting as many orders, during a healthy year, as would not otherwise have realized the amount of the old salary; or suppose the surgeon to be his son, or his brother, or his

bosom friend, what becomes of "the check" on giving "improper orders?" On the other hand, imagine them at variance with each other, while the relieving-officer is anxious only to prove his zeal for economy, and to curry favour with most of the guardians, where is the check on "withholding proper orders?" And, lastly, how is "proper attendance to the patient secured," under a system which entails on surgeons a heavy pecuniary loss?

The Report speaks of the "credit of the appointments," "the wider fields they offer for the display of care and skill, leading to more profitable practice,—the inducements differing in degree, but being similar in kind, to those upon which men of the most eminent skill find it to their interest to give their services to the chief medical institutions of the country." *Credit* in receiving an appointment from guardians as the reward of a medical contract, entered into by letters of tender, through public advertisements, in precisely the same way as that in which bakers and butchers are appointed to serve the Unions with bread and meat!!! It is admitted, by implication, that these enviable fields for the display of practice (and horsemanship) at half-a-crown, or three-shillings, per patient per annum, are *unprofitable*; which circumstance, together with the degrading condition of the paltry pay annexed to those appointments, will sufficiently explain why many of the most respectable surgeons in the provinces are at issue with the Commissioners.

If medical men are to be paid so much per patient, I would humbly request the Commissioners' attention to the following rate of pay, founded on the scale already constructed by me, and the relative number of sick annually occurring among a given number of paupers.

Without quoting Dr. Rees, and other able writers, on this point, and without pointing out causes which must ever produce variations in calculations of the above kind, perhaps I may be permitted, at once, to set down the number of sick as one in every three persons throughout the year. More than this proportion occurs in the parochial medical practice of this town, and less in the adjoining rural parishes; but, as a general average, the proportion of sickness to health, occurring annually, is not overrated, considering that paupers consist of persons of

all ages, and of both sexes, and that they are exposed in a degree beyond all other classes of the poor, to the evils of poverty. My former scale of prices, per pauper, begins with 2s. for the care of from 50 to 300, and thence descends through fractions, as the scale ascends by single hundreds, to 10,000 persons; the price, per pauper, at that number, being $9\frac{3}{4}d.$ and a fraction. For *patients*, therefore, I would suggest a scale, beginning with 6s. (per patient) for 100, and below that number descending in price, in like manner, as the scale ascends, by every 33 patients, up to any number attended by the medical officer, thirty-three and a half being the proportion of sickness among 100 paupers.

“The scheme” proposed by “RURICOLA,” consists 1, of granting power exclusively to parish surgeons, as to the necessity of their bestowing assistance on sick paupers; 2, of placing the election of medical officers in the hands of rate-payers, as before; and, 3, of paying so much per case, per annum, according to the number of cases, and the distance at which the patients may reside from the surgeon. This would be giving too much power to surgeons, who might make a case of every ailment in the parish, or it would lead to a suspicion of his doing so; it would render uncertain the amount of medical expenses, and create opposition in parliament. The medical appointments in question were formerly made by rate-payers, under the old system, when favouritism and monopoly left hundreds of active and competent surgeons without parochial employment, and thousands of afflicted paupers to linger and perish, unheeded and neglected. Whoever was the professional attendant of the farmers and their families, was almost sure of obtaining their votes: they seldom knew, or cared to know, how many parishes had elected the same surgeon (whether two, or twenty), or whether the surgeon had, or had not, undertaken to perform duties which were superhuman: or whether the most helpless of the human race were neglected, or not, in the hour of sickness and death. Indeed, even the election of surgeons *by the guardians*, to districts of from five to ten parishes, and to unions of from fifteen to twenty-seven parishes, will alike entail on our poor and unhappy fellow-mortals the same cruel evils. It is for

these reasons, which I deem paramount to all other considerations (for, *non nobis nati*), that I would do away with medico-parochial elections *altogether*; that I would put in requisition the services of all the medical men who are competent and willing to render them, appointing them to such offices in *rotation*, and AS A MATTER OF RIGHT, not of favour, in order that a tolerably minute division of medical labour might be effected for the benefit of the poor; and by limiting the duties of each surgeon to three or four of the smaller parishes, and to a given number of paupers in the larger and more populous parishes, that all parochial surgeons, especially those whose aid and skill are rendered invaluable by *experience*, (but whose private practice is not inconsiderable), *may have it in their power to attend fairly to their poorer*, as well as to their richer neighbours. Parishes should not be suffered to appoint surgeons otherwise than in rotation, where there are two or more resident surgeons; and where there are no resident practitioners, the care of the sick should be offered to the neighbouring surgeons, likewise in rotation, after two years' residence and practice, if living within a given distance. This accords with the 6th regulation, as suggested in my plan of 1834, and the 7th in THE LANCET for April 30, 1831,—the power of granting orders for medical attendance, being extended to the officiating minister. This mode of appointing duly qualified medical men to parish surgeonies would prevent all the evils of elections, while, by placing medico-parochial practice in the hands of almost every medical practitioner, the science and practice of medicine would be advanced. All the objections, also, of "RURICOLA," to my mode of remunerating parish surgeons, will instantly vanish, in a practical point of view, if surgeons be appointed to parishes in rotation, since each surgeon in his turn would have the good and the indifferent bargain to deal with, and therefore would be placed on the same footing with his neighbour.

With respect to "RURICOLA's" calculation of the cost of drugs, from the Rev. Mr. Oxendon's "Statistical Report of the Principal Provincial Hospitals in England," it must fail, because it is founded on the presumption, that parish surgeons will grant to sick paupers, fairly and

liberally, all the remedies necessary in the treatment of their diseases, whether they be purchased and paid for by others, or by themselves. Hospital surgeons have no earthly motive in withholding any, even the most expensive, medicines from the sick poor, while parochial surgeons have a direct pecuniary interest in supplying them very inadequately, both as to quantity and quality.

“RURICOLA” charges, on his scale, 1s. per case for medical services; from 2s. to 3s. for drugs, and 4d. a mile for distance. Before, however, noticing the proposed scale, it may be as well to observe, that a surgeon residing a mile or two from any given parish, having a resident practitioner, would seldom be elected by the rate-payers, however ineligible and unworthy the latter surgeon might be,—those persons generally seeking to save themselves, at the expense of humanity, from the higher rate of medical pay. The scale runs thus, taking the first and last lines of it:—1 *mile*—25 cases at 6s.—50 at 5s. 6d.—100 at 5s.—200 at 4s. 6d.—400 at 4s.—800 at 3s. 6d.—1600 at 3s.—6 *miles*—25 cases at 7s. 8d.—50 at 7s. 2d.—100 at 6s. 8d.—200 at 6s. 2d.—400 at 5s. 8d.—800 at 5s. 2d.—1600 at 4s. 8d. In working this scale, the major number of patients yield less pay than the minor in each column, and throughout every line of it, when the patients arrive at a given number. Thus 1595, at 3s. 6d., would produce 279*l.* 2s. 6d.; while 1600 at 3s. would give only 240*l.*, or 39*l.* 2s. 6d. less. Again, 1595 at 5s. 2d. would yield 412*l.* 0s. 10d.; but 1600 at 4s. 8d. would produce only 373*l.* 6s. 8d., or 38*l.* 14s. 2d. less than the minor number of patients.

“RURICOLA” proposes, that “some intermediate rate of payment, suited for each parish, be agreed on at the beginning of the year (perhaps, according to the number of cases attended during the previous year), otherwise either party concerned might, by fraudulent management, increase or reduce the sum total paid for the same amount of labour at the end of the year.” Also, that “every case of illness or accident in the same individual, however close in succession, should be charged for; but a relapse of the same disorder, occurring within one month from the date of discharge, should be considered as part of the former illness.” The former suggestion appears to me to

be at variance with a fixed scale of remuneration ; the latter proposition would be productive of disputes, but very desirable, if acted upon, so far as medical interests are concerned. I know a few score of paupers in this parish, who have been on the parish-surgeon's list for the last twenty years. The surgeons here are appointed to the parish *in rotation*, after a certain period of residence and practice, during which time it has been my lot to fill the office five times. The description of invalids to which I allude have been under my care, on those occasions, every month in the year for some ailment or another. Consequently, on "RURICOLA's" plan, each would have yielded me 3*l.* 12*s.*

I perfectly agree with "RURICOLA," that the ordinary cases of midwifery should be attended by female midwives, the surgeon receiving one guinea for his services in difficult cases, as generally under the old system, "since it would be a saving to parishes and a relief to the medical officer," and, above all, since any fee, short of this, will end frequently in death to the patient. (E. g.) The poor-law commissioners allow only half-a-guinea. The midwife sends to the surgeon five, or even ten miles off. The surgeon says to his senior pupil—"You can manage it. Go, and send for me if really necessary. I don't want their paltry half-guinea, when I can get at least that sum in this town or village for midwifery." The hour-glass contraction takes place, or some difficulty occurs which the young gentleman cannot master, and which the surgeon did not anticipate, and the poor woman dies before the latter can reach her.

Of course there should be a separate charge for vaccination, as "RURICOLA" intimates, or the practice will fall more into disuse in the rural districts than ever. The prejudice against vaccination is almost wholly confined to the poorer classes. It would be wise, therefore, to give the surgeon a direct interest in extending the practice of vaccination among them.

"RURICOLA" thinks that "should it be found desirable for parishes to find their own drugs," it could not be satisfactorily effected on my plan, but might on his scale ; and imagines that "I must "contemplate some reduction of my scale," on account of this separate parochial payment for

medicines. He feels "convinced that in agricultural districts, with a scattered population, there can be no depot for drugs except the medical man's own residence, however suitable or practicable it might prove in large towns." I answer, 1st. In large towns the depot can be at the workhouse. 2ndly. In the districts it can be established in some room near the surgeon's residence; in which he, or his assistant, or his pupil, can dispense the requisite remedies, and see the out-patients at stated hours, without converting his house into a hospital, and mixing up his private with his pauper patients.

The 4th regulation in my plan (see No. 400 of *THE LANCET*) is to the effect, that 1s. per mile be paid for journeys, in addition to the scale of salaries, beginning with the second mile, which I omitted in my pamphlet of 1834, because this item of medical pay might be opposed in Parliament, as unsettling the amount of salaries, and opening the door to real, or supposed imposition. In lieu of this, I proposed that the expense of drugs be defrayed by parishes, and to be by so much, in augmentation of pay under my scale, and by way of indemnifying parish surgeons for the loss of the mileage item of remuneration, which I had previously annexed to the scale of salaries, but which I had subsequently withdrawn.

"The probability of paupers diminishing under the Poor-law bill faster than patients," is an additional reason why the cost of drugs should be in augmentation of salaries, under my scale, on my withdrawing all charge for journeys.

Besides the many reasons which may be urged in favour of parishes finding their own drugs, another reason occurs to me, viz., that those surgeons who do not dispense medicine, will thus have it in their power to accept of medico-parochial appointments.

I am, Sir, your obedient servant,

J. C. YEATMAN.

Frome, Somerset, Feb. 12, 1836.

SECTION IV.

**RECOMMENDATIONS OF A COMMITTEE OF THE PROVINCIAL
MEDICAL ASSOCIATION, 1836, ABRIDGED FROM
THEIR " REPORT."**

"From the legislature it is reasonable to suppose that the subject of medical relief to paupers, will receive due attention, if we are in any measure unanimous in our proceedings and in our requests.

"The amount of remuneration should not be decided by Commissioners and Guardians, for they are interested in reducing it *below par*; nor should the medical body have the power of fixing it, for they are interested in raising it *above par*. And further, the Guardians and the medical men of every separate union should not be allowed to arrange it at their pleasure; for the *former*, by requiring "Tenders" from the latter, or by threatening the introduction of an adventurer, may, at any time, under present circumstances, reduce the remuneration to their own notions of adequacy. IT SHOULD BE FIXED BY LEGISLATIVE ENACTMENT, and be sufficient in its details, or in the aggregate, to remunerate the medical officer reasonably and justly, for his time, his skill, and his expenses; whether by so much per pauper, per patient, or per stipend, is a matter of minor importance. The distance of patients, or the remoteness of parishes, as well as their superficial extent, should be provided for by an increased rate of stipend, or by allowing an additional charge for journeys.

"The Committee have no hesitation in recommending, that wherever it is practicable, a Dispensary should be fitted up for the supply of medicine to the sick paupers of all the parishes within a reasonable distance, at their JOINT EXPENSE, unless a more convenient arrangement for this purpose can be effected, whilst the medical officers should be paid only for attendance, with a graduated

charge for journeys, according to the distance and the number of patients. Your Committee have reason to believe that the places containing a duly qualified practitioner are comparatively few, where some opportunity might not also be afforded for providing the drugs *from a distinct source*. Where, however, this is not the case, the practitioner might be paid separately for the medicines at the Druggist's price. By the adoption of such a principle, so desirable in private, as well as in public practice, all the ordinary temptations to neglect the poor would be very much guarded against, and the medical officer, without pain to his best feelings, without compromising his professional respectability, and without DIRECT expense, would be enabled to indulge those benevolent impulses, which find their highest gratification in removing, or alleviating human suffering.

"The whole of the arrangements should be under the control of competent authorities, chosen from the medical profession, and fully qualified for so important an office, by a practical acquaintance with every variety of medico-parochial duty. Such medical superintendants might act in conjunction with the Central Board of Poor Law Commissioners, or they might be appointed to Counties, or districts of Counties, or go from place to place, at stated times, to perform their functions. These duties, would, in truth, be very simple, viz., to investigate all alleged abuses in the administration of medical relief, to secure the proper performance of medical duties, and to receive and examine reports, which should be furnished at regular intervals by the medical officer. Under such a system of medical supervision, the original method of paying for items of attendance might, without fear, be recurred to, since the number of paupers must yearly decrease. Your Committee would also point out the great advantages which would accrue to medical statistics and to the science of medicine in general, from a compilation and annual publication of the official returns of parochial surgeons.

"The election of surgeons should not be in the hands of Guardians, judging from their manner of exercising that power, and the enmities existing between the new authorities and the established practitioners, since under this

feeling, it can hardly be expected that Guardians will exercise the power of election in an impartial manner.

"Until the power of election be vested in different hands, it is probable that justice will not be done either to surgeons or paupers. By intrusting this power to the rate-payers of every parish, with restrictions as to the amount of duty to be performed by any individual surgeon, the pernicious custom of appointing one person to the care of an extensive district of parishes wculd be effectually abolished; nor can your Committee suggest any better substitute, or a more reasonable and practical division of medical duties, than a return to the ancient parochial boundaries, except, perhaps, when two or three small and contiguous parishes might be united for such a purpose.

"It is difficult to conceive that, under proper regulations, both as to the qualifications of the candidates, and the mode of election, together with a strict supervision over the whole medical department, any evil could result from restoring the right of appointment to the whole body of rate-payers; the mode or amount of remuneration, under all circumstances, being previously fixed by the legislature. If there be several eligible candidates they might be elected in *rotation*, or what is preferable in large parishes, the duties might be more minutely divided.

"In order to avert the evils arising from delay in procuring medical relief, and to prevent imposition on the parochial funds, the patient should first apply to the medical officer, the Guardians determining who are paupers and who are not in that officer's weekly return. Those not considered by the Board as paupers might have medical relief afforded them by way of loan, the cost being recoverable under the provisions of the 58th and 59th sections of the Poor Law Amendment Act."

In a note, the following additional regulation has been recommended:—"the patient to have a certificate from the surgeon, to be left with the relieving officer within 48 hours, that the latter may enquire into the circumstances of each patient, prior to the subsequent meeting of the Board. All this in order to supersede the necessity of applying in the first instance to the relieving, or parish officers, or of procuring "an order" for attendance, while

prompt attention would be insured to the sick, and the condition and capabilities of the patients might undergo a stricter examination than is at present practicable.

" Much important information has been obtained from statements published in various periodical publications, and your Committee have thought it right to make use of the facts thus communicated, so far as they remain uncontroverted, or have been proved, on investigation, to be correct.

" In allusion to the numerous cases of protracted disease, arising from tardy or inefficient medical treatment and the consequent dependence of the sufferer (perhaps for life) on the parochial funds for support—the spread of contagious diseases which by timely precautions may be averted, the Committee truly says, "might suggest motives which might influence the most sordid, while the aggravated forms of disease among the pauper class, the want of those auxiliaries which the wealthy possess, to alleviate the pain, and render tolerable the endurance of disease, seem to dictate in these cases, a more special exercise of the generous and humane principles of our nature. To refuse to help such afflicted persons—to delay it by interposing unnecessary distance and official impediments, or to supply it from an inferior, or a distrusted source, under the specious plea that the poor must be driven, by these obstacles, "this second rate relief," *to depend on their own resources*, might well form part of a code of Draconian severity, in which improvidence and thoughtlessness might be punished by slow torture, or by death.

" The office of parish surgeon should combine the highest qualifications of the medical body; it being clear that no professional responsibility whatever, public or private, equals it in variety, or extent. It embraces and presents, in daily profusion, cases in medicine, surgery, and midwifery, requiring as profound knowledge and diligent care as any public institution affords for each of these branches singly."

The Reader will recognize in the above all the leading features of my plan, viz. parliamentary interference and enactment,—parochial medical appointments, instead of

district and union surgeonies,—a minute division of medical labour,—the system (although only partially recommended by the committee) of serving the office of parochial surgeon in rotation,—and the drugs furnished to paupers being purchased and paid for by parishes, independently of medical contracts. The recommendations of the committee for an altered and improved system of medical relief to sick paupers, corroborating as they do, the opinions advocated by me for many years, it is to be hoped the profession will be unanimous in their support of them.

The members of the committee are,

A. W. DAVIS, M. D. *Presteign.*
 THOMAS T. GRIFFITH, *Wrexham.*
 HENRY LILLEY SMITH, *Southam.*
 NATHANIEL RUMSEY, *Beaconsfield.*
 CHARLES B. NANKIVELL, *Coventry.*
 THOMAS WORKMAN, *Basingstoke.*
 THOMAS BRAYNE, *Banbury.*
 GEORGE FLETCHER, *Croydon.*
 ROBERT CEELY, *Aylesbury.*
 GEORGE MAY, *Reading.*
 H. W. RUMSEY, *Chesham.*

Since writing the foregoing I have received from three gentlemen who belonged to that committee, viz., Mr. N. Rumsey, Mr. Robert Ceely, and Mr. H. W. Rumsey, a pamphlet edited jointly by them, and dated the 23rd of February last. This publication is not merely an echo of the report: it enters into detail on the important subject of medical pay; and likewise contains one or two remarks presently to be noticed. In this pamphlet there are no less than four graduated scales of medical charges, besides fees for simple and compound fractures, and dislocations, and capital operations in surgery, and likewise payments for visits, and journeys; all of which are to be distinct, and apart, from the contracts to be entered into under those scales.

The first scale of charges is per head on the gross population of any given parish, by Mr. Robert Ceely: the 2nd is per case, for drugs: 3rd per case for attendance: 4th per pauper, both at the workhouse, and elsewhere. These last three by Mr. H. W. Rumsey.

MR. CEELY observes that “for distant parishes, where the gross population does not amount to 150; a satisfactory contract could scarcely be framed, and as the customary objections to specific payments, apply here with infinitely diminished force, the medical officer should be paid 1*s.* per visit to each patient not being of the same family, besides the ordinary charge for journeys, one journey per day only to any parish being charged, except an urgent message requires the medical officer to take a second journey to the same place, when a second charge should be allowed.” This is in accordance with my regulation, respecting very small parishes, my charge, however, being only half-price for journeys and medicine and no charge being added for visits. Of course, if parishes uncontracted for, find their own drugs, the full charge must be made for journeys, and 1*s.* each for visits as advised by Mr. Ceely.

There is a fatal objection to Mr. C’s scale of charges for the larger parishes, because it is founded on the gross population instead of on the number of paupers, or patients for whom the contracts are formed. This is pointed out in my remarks on self-supporting dispensaries. Why are all the rate-payers, and their families to be charged on the scale, when paupers alone are the persons to be contracted for? Mr. C’s scale ranges from 150 gross population, to 5,000, beginning with 1*s.* each for the first, and ending with 6*d.* each for the last number. Now how would this scale affect Trowbridge, and Bradford, Wilts; Wincanton, Shepton-Mallet, and Frome, Somerset; and various other large manufacturing country towns? Try it on the town and parish of Frome, for instance, with a gross population of 12,000. How much per head am I to charge? Beginning at 1*s.*, Mr. C. falls to 6*d.* at 5,000, as before noticed; therefore, at this rate, it would fall to nothing at 10,000. But suppose such a large parish to be divided into two medical districts, 6,000 persons would yield at 5*1/4 d.* for each, £131 5*s.* or £262 10*s.* for a population of 12,000: add to this the prime cost of drugs, leechies, &c., say £80. and £99. for 33 dislocations, fractures, and capital operations (the average here) at £3. 3*s.* each case, amounting to £179.; it will make a total of £441. 10*s.*, or on Mr. Rumsey’s scale for drugs, (namely £120.

for 1,600 cases) it will be £481. 10s. I will now try the working of Mr. C's scale, and amount of remuneration on another, and totally different sort of town, the fashionable watering-place, town and parish of Brighton, the population of which, in 1821, was 24,000. Suppose Brighton be divided among four parochial surgeons, each having to attend to the pauper sick among a gross population in each division of 6,000 persons, Brighton would yield just £883. to the four surgeons, and under Mr. R's price for drugs, £963. per annum. This calculation is made supposing Brighton not to yield more paupers, or pauper patients than Frome, although the gross population is double. I certainly do not know the exact amount of paupers at Brighton; but have reason to believe them to be fewer than in this town. How unequally and unfairly then would this scale work!

MR. H. W. RUMSEY admits that "drugs should be provided for all paupers at the expence of parishes, and placed in a room at the workhouse, or where there is no workhouse in some room rented for the purpose, to which all the medical officers residing in such town might send their prescriptions to be made up by a dispenser employed at a salary of £20. a year. In rural districts where no one competent to dispense medicines could be procured, or where the expense of a separate establishment would be out of proportion to the benefit, or where only one medical officer might reside, this would hardly be practicable, and therefore, the medical officer might himself continue to provide the medicines." Now, it strikes me that it would be as practicable, and attended with as little inconvenience to the village medical officer to supply sick paupers with medicine from a room rented for such purpose, near his individual residence, as for half a dozen surgeons to supply the pauper sick of several parishes with the same from a room rented, in like manner, in a country town, near their dwellings. And surely this isolated or village surgeon, or his assistant, or pupil, could dispense those medicines, as under the old system, without putting the parish to the expence of a dispenser. There can be no solid objection, however, to a dispenser at £20. per annum, at the workhouse in the larger towns, where several parochial surgeons reside.

Mr. R's scale of charges for drugs, commences with 25 cases at 2*s.* 6*d.* per case, or £3. 2*s.* 6*d.*, and ends with 1,600 cases, at 1*s.* 6*d.* per case, or £120.

It will be necessary here to ascertain 1st. how Mr. R's scales of charges per case, for drugs, and for attendance, and his amount of remuneration for compound fractures, &c., would work in respect to large and populous parishes, as Brighton and Frome. Now sixteen hundred cases would yield £120. for drugs, £240. for attendance, and for capital operations of surgery, compound fractures, and compound dislocations, from £2. 2*s.* to £3. 3*s.* each; which would be £25. 4*s.*, for only eight of such cases, making a total of £385. 4*s.* "with an additional charge for journies, if distant."

Mr. R's scale for workhouses, and parishes per pauper, whether ill, or well, begins with 50, at 4*s.* each, and ends with 2,000, at 3*s.* Try on this scale, 3,000 paupers; but here again, I am at a loss to know what they would yield, the scale not ascending to this number, or descending in price to it; still, seeing that it falls 4*d.* on the last thousand, and concluding it is to fall 4*d.* more on the next thousand; it would give 2*s.* 8*d.* per head, or £400. For capital operations, compound fractures, and dislocations, £25. 4*s.*, reckoning for only eight of those cases among 3,000 paupers. For drugs, £120., total £545. 4*s.* 0*d.*, besides a charge for journies, if distant, as proposed in the first method.

The several modes of remunerating parochial surgeons, as advised by Mr. Ceely and Mr. H. W. Rumsey, are open to very great abuse, under the items of pay, for visits, journies, drugs, simple and compound dislocations, and fractures, and capital operations of surgery; and finally, for illnesses, "in the same individual, however close in succession."

Indeed these are the words of 'Ruricola,' and will serve to identify Mr. H. W. Rumsey, Surgeon of Chesham, and secretary of the poor-law committee of the provincial, medical, and surgical association, with "Ruricola," the ingenious, and spirited author of communications in "The Times," and in "The Lancet."

"Every distinct, and different case of illness in the same individual, however close in succession, should be

charged, but a relapse of the same disorder, occurring within one month from the date of discharge, should be considered as part of the former case."

That Mr. H. W. Rumsey was the author of "Ruricola," is rendered more certain by comparing Ruricola's scale, per case, with Mr. H. W. Rumsey's scale per case, (beginning with 25 cases, at 6*s.* each, and ending with 1,600 at 3*s.*; and, furthermore, by comparing Mr. Rumsey's scale of charges for drugs, with Ruricola's calculations, founded on The Rev. Mr. Oxendon's statistical report of the principal provincial hospitals in England, in which that gentleman gives an average statement of the expenditure for drugs at those institutions.

PART II.

SECTION I.

SELF-SUPPORTING DISPENSARIES.

IN 1827, I received a printed circular from Dr. Conolly, and a few years ago a letter from Dr. Calvert, author of a pamphlet on self-supporting dispensaries, asking my opinion respecting them, the abolition of parochial surgeonies, &c.; the former being at that time honorary secretary to a committee at Warwick, in search of a remedy for the evils of the present system of parish medical contracts. My answers contain the following extracts, with the exception of one or two circumstances of more recent origin:—I think no plan for the improved care of sick paupers, can work well or extensively, without the interference of Parliament; and allow me to premise, that no plan embracing matters, or persons, that are not proper objects of legislation, can possibly receive the sanction of Parliament. Manufacturing and labouring poor, mechanics, servants, little shopkeepers, and others, receiving wages, or profit, cannot be proper objects of legislation, touching medical relief. It would be contrary to the spirit and genius of our excellent constitution to force, by legislative enactment, district dispensaries on the country; and yet, if not thus forced, they may be recorded only in the transactions of your committee, or be limited to a few establishments, and in no way calcu-

lated to supersede parish surgeoncies. To persons as above defined, Parliament probably would say,—‘We have no concern with you, in medical matters; you can, generally speaking, pay, in a moderate way, for medicine and attendance; and those who cannot, may apply to the surgeons of country clubs, friendly societies, or to infirmaries and dispensaries, supported by voluntary contributions.’

The term “self-supporting” is a delusion. It is offensive to the rich, who, as honorary subscribers, are called upon to contribute greatly towards the support of these dispensaries. It is not a just, or honest cognomen. They should rather be called Union Infirmarys, implying a union of the rich and poor, for the benefit of the latter. The scheme of establishing them in every six miles square, throughout the kingdom, on the mountains and in the poorer districts, so as to supersede parish surgeoncies, is utopian. Besides, there is too much machinery about them,—they cannot work well,—and they are ever in a state of insolvency. If the medical officers were to perform the important duties of these institutions, *ex causâ honoris et humanitatis*, it would exalt the medical character, and sweeten professional labour; but to require them to visit the dispensary patients at their own homes, for the uncertain balance at the end of the year in the hands of the treasurer, is to render their pay contingent, paltry, and degrading. At Southam, the surgeons only received £7. 5s. $7\frac{1}{2}d.$: at Derby, £11. 1s. 0d.: and at Devizes, not half that sum. The Southam dispensary keeping its ground only through the exertions, and pecuniary sacrifices, of Surgeon Smith.—See report of the committee at Warwick, and the second annual report at Southam and Derby.

Should it be found expedient and practicable to merge the parochial surgeoncy, here and there, in a district dispensary, parishes should be required to subscribe to them in proportion to the number of paupers, instead of being called upon to pay a fixed price, per hundred, of their population. Any rate of pay, founded on the total population of parishes, will act very unequally. In districts, purely agricultural,—in what are called, genteel towns, paupers are, comparatively, few in number; while in

manufacturing towns and districts, their number is very great; and, assuredly, the amount of parochial pay should be in proportion to the medical expences incurred by the institution, on account of pauper patients.

For my own part, I doubt the policy of mixing up paupers, with the independent-labouring and working-classes, subscribing to these institutions.

If all those are to be visited at their own homes, who are unable to attend at the institution, not only in the same parish in which it is established, but also, in the neighbouring parishes, the item of expenditure, under the head of medical pay, becomes a matter of serious consideration. The finances of the institution must provide for it, on a fixed and certain basis;—but in this important matter the committees of self-supporting dispensaries are altogether “at sea.”

At Southam, only one parish joined the dispensary. At Derby, not one parish joined. “Your committee lament that one of the objects proposed by the supporters of this institution,—namely, to supersede the very objectionable system of farming parishes, has been frustrated.” I quote from the first review of these dispensaries, in No. 500, of the Lancet, not having myself seen the Derby report. A second review may be found in No. 522, of the same periodical, in which a coincidence of opinion may be noticed between the argumentative and eloquent reviewer and myself, alike gratifying and encouraging to me. But to return from this digression. At Atherstone, the committee of the dispensary thought proper, and I think wisely, to found the institution independently of parishes; and more recently at Melksham, Wilts, the farmers opposed the abolition of the parish surgeoncy, although solicited only to subscribe to the dispensary the amount of the parish surgeon’s salary.

I had almost forgotten to make a remark on “the charity class.” In my opinion, that class will eventually greatly diminish the number of “the free class,” the latter saying,—“we need not subscribe—we have only to apply to the honorary subscribers, Squire Allworthy, or Madam Bountiful, and tell them we can’t afford to pay 1*d.*, 2*d.*, or 3*d.* a week, when they will give us tickets for the dispensary, gratis.”

By the way, another pamphlet on this system (Hatchard and Son, 1831,) was published, it seems, in pursuance of a resolution passed at No. 32, Sackville-street, the residence of Dr. Calvert, on the 20th of March, 1830, The Right Honourable Lord Vernon in the Chair. The Right Honourable Viscount Althorp, (the Chancellor of the Exchequer) The Very Rev. Dr. Chandler, Dean of Chichester; and twenty-five members of Parliament and men of rank and influence, two days afterwards, formed themselves into a society for promoting the objects of the self-supporting dispensaries. I rejoice, therefore, to find Dr. Calvert in the Lancet for September 14th, No. 524, observing that, in his "communication to the poor-law commissioners, *he did not agree to the Derby report, because the medical men are inadequately remunerated;*" that "*the charity class ought not to be admitted at all, or under very great restrictions; and it is a point of great consideration under what circumstances the pauper patients ought to be admitted*" The Doctor, being a member of the committee in Sackville-street, will, therefore, have it in his power to inform the committee, not only as regards the SOUNDNESS OF THE SELF-SUPPORTING PLAN OF A DISPENSARY, *but above all, as touching its capability of, and fitness for, superseding parish surgeoncies.* Meanwhile, the noble and philanthropic individuals, most of whom were members of the committee at Warwick, may have it in *their power* to redeem their pledge of bringing before the notice of Parliament, or of supporting a practical measure, as an efficient remedy against the great evils resulting from the present system of medical contracts, as it concerns the lives and health of the most helpless of the human race, who, from the time of Elizabeth, have been provided for by the laws of this great nation:—and thus, to the utmost of their power, further the views of Mr. Warburton and the committee of the House of Commons, on medical affairs, concerning one of its chief objects.

SECTION II.

UNION INFIRMARIES.

IN my publication of 1818, before alluded to, a sincere desire is expressed, that small infirmaries, of an inexpensive nature, should be established in country towns, by individual exertions, combining the rich and the poor in their support, not in lieu of, but independently of parish surgeonies, with the view, more especially, of providing for the medical care of a description of persons, who hold a position in society, midway between pauperism and comparative independence;—too poor to pay medical gentlemen for their advice and medicine, and yet who should be provided for, in the event of sickness, in such a manner, as to supersede the necessity of applying to the parish officers for medical relief. There is in that publication, a register of the sick and hurt paupers, attended by myself and assistants, during one year, for the parish of Frome-Selwood, which subsequent experience has enabled me to enlarge; and, by comparing the number of patients with the number of paupers, it will be readily seen, that a large portion of the bettermost poor were attended by me, on the parish account. It will also occur to the reader, how unsatisfactorily the important duties, connected with the numerous sick, scattered over many miles of surface, in an extensive parish, must, of necessity, be performed by the parochial surgeon, *in addition to his private practice.*

Date.	Patients.	Paupers.	Population.
March 1816 to March 1817	1948	4000	11,000
Ditto 1822 to Ditto 1823	1503	3500	increasing
Ditto 1826 to Ditto 1827	2312	5000	12,000
Ditto 1830 to Ditto 1831	2278	diminishing	diminishing
Ditto 1835 to Ditto 1836	1600	Ditto	Ditto

It was observed by me, that dispensaries were extremely useful in the larger cities, in which infirmaries also existed; but that as in country towns, the poor could not remain at their own habitations, without being subject to many privations, which retard the cure of their diseases; so the latter alone could supply their wants during sickness, or while labouring under the effects of bodily injury. And, lastly, that such establishments might be begun by renting a house, or two, and providing for as many sick as a moderate subscription might support, relying on their great utility for increased subscriptions; and that the poorer classes of society, also, by very trifling subscriptions, might produce, in the aggregate, a sum of no small amount towards their annual support. Such, almost to the very letter, and certainly in spirit, were my opinions in 1818, and there is good reason to believe they were correct.

It only remains for me to give a very brief outline of one of those institutions, which, in my humble opinion, is best suited to a country town, leaving it to a committee of gentlemen, who may be disposed to assist in establishing an infirmary, to fill up the outline, with the rules and regulations of somewhat similar institutions, with which I shall be happy to supply them.

PLAN OF A UNION INFIRMARY.

IN accordance with my present and former opinions on district medical institutions, an infirmary should be established in every populous country town. It should consist of a president, vice-presidents, patrons, honorary subscribers, members, treasurer, secretary, committee, surgeons, house assistant surgeon, medical assistants and dispensers, and a nurse. The patrons to subscribe £3., or upwards, or to be donors of £10., or upwards; honorary subscribers, half a sovereign, or upwards; and members, 2s. per annum, above thirteen years old, and 1s. per annum, under that age. The members to be entitled to

become in-patients and out-patients, and to receive professional advice and medicine, in consideration of those trifling contributions, paying, as in-patients, for their board—say 5s. per week, when above 13 years old, and 3s., under 13, unless they choose to board themselves. Members of the institution to be limited to those persons, whose wages, or income, shall not exceed 10s. a week, when single, and 20s. a week, when married.

A house *to be rented* for the purposes of the institution.

The committee and treasurer to manage the affairs of the establishment, and to report to the president and vice-presidents, patrons and honorary subscribers, the condition and progress of it, at an annual general meeting; at which general meeting, the objects of the institution may be extended, if judged necessary, remembering at the onset that there is much in locality, and the less machinery there is in the *infant state* of a district infirmary, the easier and the more advantageous it will be to render it, at the proper period, more peculiarly suitable to local circumstances.

The president, vice-presidents, treasurer, and committee, to be chosen annually, at a general meeting.

The surgeons to be elected by the patrons and subscribers, by ballot.

The house assistant surgeon to be appointed by the surgeons in rotation, annually, from among their senior pupils; receiving his board, if necessary, at the institution.

The medical assistants and dispensers to be chosen by the surgeons from among their junior pupils; and these, superintended by the house assistant surgeon, to dispense the surgeons' prescriptions, and to assist them in the execution of their professional duties.

The nurse to be appointed by the committee; as likewise the secretary; both of whom to receive a fixed salary. All others to grant their services, at the infirmary gratuitously—an institution conferring great honour on its supporters, and inestimable benefits on its poorer members,

“tho’ no corinthian pillars prop the dome!”

At the Wiveliscombe infirmary, established in 1804, by the gentry and others, on the representation and through the ability and exertions

of Surgeon Sully, of that place; and at the Bridgwater infirmary, founded about 21 years since, in like manner, through Surgeon Too-good, the in-patients pay 5*s.* 6*d.* per week, which has been reduced, of late years, at Bridgwater, to 2*s.* per week, the funds of the institution having enabled the committee of management to effect this reduction.

It may not be unnecessary to observe, that the income of the Wiveliscombe infirmary is about £250. per annum, by which, from 700 to 1,000 in and out-patients are relieved or cured annually.

Frome, Somerset, March 13th, 1834.

SECTION III.

DR. ARROWSMITH IN REPLY, AS EXTRACTED FROM THE
MEDICAL GAZETTE.

SINCE our third annual meeting, Mr. Yeatman, of Frome, Somersetshire, has politely transmitted to the officers of the dispensary a small pamphlet recently published by him on the medical care of the parochial sick poor, with animadversions on self-supporting dispensaries. I have read the pamphlet with considerable interest, and am happy to bear testimony to the sound consideration which Mr. Y. has bestowed on the former of the two subjects discussed by him. I agree with him in thinking that the system of contracting for the medical care of paupers, cannot, in the existing state of pauperism, be got rid of; and I believe his suggestions for the correction of the prevailing abuses of that system to be practicable; that they would prove satisfactory to the community and the profession, and are of a nature to deserve the sanction of the legislature. Mr. Yeatman lays it down as a principle, that "the moderate pay given to medical men by country clubs," would be deemed a fair remuneration for the at-

tendance on sick paupers; nor can there be a doubt that it would. And as his great object appears to obviate that competition among medical men which has led to the disgraceful terms on which parishes have for a long time past been "farmed," he proposes that the resident surgeons should attend, or at least be eligible to attend, in rotation.

In the prosecution of these views, Mr. Yeatman has constructed a table, according to which the rate of charge for attendance on paupers falls with the increase of the number of *paupers*—not of *population*, for that would be a fallacious criterion. The table appears to me unexceptionable; and as it cannot be anticipated that medical men will voluntarily abide by it—that is, as competition will inevitably arise among them, and thus *reduce* the ratio of remuneration below the estimate of Mr. Yeatman, which is at once moderate and reasonable—it is a fit subject for legislative interference, so as to render it imperative on parishes not to contract for medical attendance on terms *lower* than those indicated by the table in question. But the system of attendance in rotation, of the surgeons residing in the same town or district, is no less indispensable than fixing a *minimum* rate of charge, otherwise the injurious effects of monopoly must be expected. The subject will doubtless attract the attention of the parliamentary committee on medical affairs.

Some of the strictures of Mr. Yeatman on self-supporting dispensaries are manifestly founded on garbled statements and partial evidence; and I cannot permit myself to doubt, from the candour displayed in his pamphlet, that on further information his opinions will be considerably modified. Mr. Y. commences his observations by rather warmly objecting to the title of self-supporting. He speaks of it as a "delusion"—an "offensive cognomen," which is "neither just nor honest"—terms manifestly stronger than the occasion calls for. Now whether we designate them Dispensary Associations, with Dr. Calvert; Union Dispensaries, with Mr. Yeatman; or Self-supporting, with Mr. Smith—though perhaps not quite a trivial matter—is not of vital importance. But as the larger proportion of the funds is every where derived from the "free members," that is the novel element, the

characteristic peculiarity of the system ; and it is as well so to denominate the institution, that its peculiar and prominent distinction be brought clearly into view. In some places—Lynn, for instance—the dispensary is entirely self-supporting ; in Coventry, as regards all the medical expenses, it is equally so. These dispensaries, however, involve something more important than a mere name ; they are a positive advance in the path of improvement—1st, by developing a source of revenue hitherto unattempted in such institutions ; 2dly, by recognizing the principle of remuneration to the medical attendant ; and, 3dly, by establishing an effectual check on that lavish administration of medical charity, the evils of which, as respects both the community and the profession, have been strongly perceived by many impartial and intelligent persons.

I am perfectly willing to concede to Mr. Yeatman, that self-supporting dispensaries cannot supersede contracts for medical attendance on paupers—at present at least ; and I doubt, with Dr. Calvert and himself, the expediency of mixing up paupers and charity patients with a class of weekly contributors or free members. For the former, Mr. Yeatman has suggested an unexceptionable mode of supplying medical attendance : the *charity class* it is desirable altogether to *abolish* ; and the rate of contribution in self-supporting dispensaries is sufficiently low effectually to attain that object, if it be the will of the medical men to accomplish it.

Mr. Yeatman objects that there is too much machinery in these institutions ; he describes them, also, as being ever in a state of insolvency, and says, that the sums received by the attending surgeons are trifling, and unworthy their attention. As the Coventry dispensary has been conducted on a larger scale, and probably with equal or greater success than elsewhere, the machinery we have employed may very properly be brought forward in refutation of Mr. Yeatman's objections. That machinery is simple, not complicated. The clerk, who is also the dispenser, receives the weekly contributions of the members, which are brought to him at the dispensary ; he keeps the account of these payments, which are deposited in the bank. The banking-book is in charge of the hono-

rary secretary, who also keeps the general accounts of the dispensary, which accounts occupy annually but a small space in the minute-book. The minutes of the committee meetings are made by the honorary secretary. A sub-committee meets monthly; the general committee quarterly; the governors annually. The committee meetings occupy but a short time, I believe there is no more trouble in conducting our institution than there would be in a charitable dispensary of equal extent.

It is quite unnecessary to occupy the reader with any statements respecting the solvency of our dispensary, in addition to those which have been made concerning the honorary fund, in an earlier part of this letter. Last year there was a surplus income; in future the charges on it will be diminished.

As regards the receipts of the medical men, if Mr. Yeatman had taken the trouble to refer to the Gazette for September 1833 (vol. x. p. 808), he would have found, in an able editorial article on self-supporting dispensaries, a statement of the receipts of the surgeons of the Coventry dispensary, which would have refuted his opinions; and before publicly advancing censures, it is but just that a writer should candidly examine *all* the available evidence on what he condemns. In May last, a communication from myself in this publication (vol. xii. p. 426), shewed that the two surgeons of our dispensary divided £263.; and in the present year they have received still more, notwithstanding they have made a sacrifice in order to render the institution, with respect to the medical expenses, entirely self-supporting. Had this money been divided between six or eight surgeons, it would have been less worthy their attention, of course; and it is for that reason that it appears to me better to limit the number of surgeons to these institutions, so that the receipts may be of such amount individually, as to merit consideration. I fear these details may be tedious; but Mr. Yeatman has evinced such a zealous and considerate interest in subjects of this nature, that his animadversions are entitled to deliberate notice; and I trust what has been now stated will so modify his opinions, as to induce him to co-operate in the establishment of self-supporting dispensaries,—a form of institution which will hereafter receive the cordial

sanction of the moralist, the politician, and medical practitioner.

I am, sir, your obedient servant,

R. ARROWSMITH, M. D.

Coventry, May 1, 1834.

SECTION IV.

SELF-SUPPORTING DISPENSARIES, IN CONTINUATION.

DR. ARROWSMITH refers me, for a refutation of my “animadversions,” to the editorial article of the London Medical Gazette, vol. 10., p. 80. and following, “on self-supporting dispensaries:” in which the Reviewer says, “another argument in favour of these dispensaries is, that they tend to place the services of medical men in something like a proper point of view. The accounts from Coventry are very gratifying. During nine months, 1505 patients were admitted, besides 10 midwifery cases; and after paying £46. for medicine, to the druggists, the remainder, £80., was divided between the surgeons for their services; i. e., they were paid at the rate of 13*d.* per patient! Now, the committee must have felt that they were without sufficient funds, out of which to reimburse the medical officers for attending 1505 patients at the dispensary, including thousands of visits paid them at their own homes, and for the time and labour consumed daily, in the discharge of those multifarious duties: they must have felt, that the institution was “at fault,” on the score of medical pay; and that if it had solely depended for its support on Mr. Smith’s system, “the dispensary professing, and hoping to proceed independently of aid from the rich in all respects (excepting donations for

outfit)," not one farthing would the surgeons have had, and the institution would have been greatly in debt.

In the course of the year terminating on the 25th of March, 1834, 1668 persons were treated by the medical gentlemen; of these, 515 had been attended at their own homes, besides that the medical officers had occasion to perform various important, and difficult surgical operations.—For all this they received £268., or three shillings and twopence halfpenny, per patient.

"The honorary fund," says Dr. A., (including the balance remaining from the preceding year), "amounted on the 25th of March, to £254. 5s. 7d. It should be understood that this fund is derived from the donations of subscribers of the wealthier classes, and is applied to the payment of rent, printing, and stationery, salary of clerk, and dispenser, &c." Now, what has this honorary fund to do with "self-support?" The Dr., however, still insisting on the Coventry dispensary being self-supporting, I am compelled to deduct the honorary from the free member's fund, in order to show what state the dispensary would have been in, but for the liberal and gratuitous aid of the rich. Take £116. 16s. 0d., (the disbursements paid from the honorary fund), from £268., paid to the surgeons, and it is clear they would only have received £151. 4s. 0d., or 1s. 8*1/4*d. per patient. Again:—if the whole of the honorary fund be taken from the sum total, of the dispensary expences; viz., £254. 5s. 7d. from £517. 8s., it is equally clear that the dispensary, as far as self support was concerned, would have been £263. 2s. 5d. in debt. "From the opening of the dispensary, 5610 cases have been treated for £611., paid to the surgeons," or 2s. 9*1/2*d. per patient.

Fourth Annual Report, 1834-5.—Patients, 1629, of whom 778 were visited at their own dwellings, and for which the surgeons received £287. 2s., or 3s. 6d. per patient; including 47 midwifery cases, and all surgical operations. Honorary Fund:—Received and Paid £153. 17s. 11d., including balance in hand of £40. 14s. 3d. Free Members' Fund:—Received and Paid £415. 13s. 1d. Total Expenditure, £528. 16s. 9d. Deduct the amount of Honorary Fund (save the balance of £40. 14s. 3d.) and the institution would have been in debt to that amount.

Fifth Annual Report, 1835-6.—Patients, 1500, for whom the medical officers received £262. 3s., or not quite 3s. 6d. per patient, including 41 midwifery cases, all surgical operations, and 139 vaccinations. Honorary Fund :—Received and Paid, £168. 12s. 7d., including balance in hand of £40. 14s. 3d. Free Members' Fund :—Received and Paid, £397. 9s. 3d. Total Expenditure, £487. 11s.; of which, £90. 1s. 9d., was from the Honorary, and £397. 9s. 3d. from the Free Members' Fund. Now, deduct the Honorary Fund, and the dispensary would not only have been £40. in debt, but it would have been unable to have “placed £50. in the Savings Bank.” Therefore, as far as *self-support* was concerned, **HOWEVER DELIGHTFUL AND TRULY GRATIFYING IT IS TO ME TO FIND THE POORER MEMBERS CONTRIBUTING SO MUCH towards the institution, it must have been in a state of insolvency from the beginning, in 1831-2 to the 25th of March, 1836.** And, be it remembered, if this remark be true as respects Coventry, where more than “2600 Free Members” have subscribed to the dispensary, with how much more force will it apply to less populous and less favoured towns, or localities. Nor do I see anything to reconcile me to the term “self-support,” or to the opinion that such institutions “tend to place the services of medical men in something like a proper point of view,” by anything contained in the last, and

Sixth Annual Report, 1836-7.—Patients, 1610; persons vaccinated, 126; midwifery cases, 53. Paid to the surgeons, £261. 15s. 0d., which will yield still less per patient, than on the last occasion. But this is not all; there is a statement in the report, which almost sets at defiance all calculations on the score of medical pay. It is this, speaking of the Influenza :—“The cases of this disease were extremely numerous among the patients of the dispensary; but their exact number, it is impossible to state from the manner of reporting, adopted by the medical officers, which differs from that followed by most of the medical charities of this country. In hospitals and dispensaries generally, it is usual to oblige the patients to obtain new tickets after the lapse of a certain number of weeks, when they are again entered as new patients, and thus the same persons, and the same dis-

cases, are reported several times in the course of the year. In this institution, the applicant for medical advice is entitled but once in twelve months, however long he may continue to receive attendance, or however often he may apply." Shall I then underrate the pay at one half of that which I have stated it to be, viz., instead of 13*d.* and 3*s.* 6*d.*, at 6*½d.* per *case*, during one year, and subsequently, at 1*s.* 6*d.*?

It may be useful to proceed with extracts from the reports of other "self-supporting" medical institutions, besides those of the Coventry dispensary; and so to pursue this interesting and important subject, as to lead possibly to useful results.

The Derby "self-supporting" dispensary. Second annual report: 1434 patients were attended in one year, 502 of whom were visited at their own homes, besides 23 cases of midwifery; the seven surgeons received £78. 13*s.* 0*½d.*, or 13*d.* and a fraction per patient per annum.

The third annual report: 1279 patients were attended up to Michaelmas, 1833, of whom 679 were of the free class, and 600 of the charity class, including 517, attended at their own habitations. Paid to the surgeons £77. 7*s.*, i. e. £11. 1*s.* to each surgeon. Receipts, donations, and subscriptions from the honorary subscribers, £200. 14*s.*, moiety of a collection at Breadsall church, £1. 19*s.* 3*d.* Free class money, £70. 14*s.*, and received for midwifery, £6. 13*s.*, or £77. 7*s.* The total expences were £280. 0*s.* 3*d.*, leaving only the said sum of £77. 7*s.* for the institution, touching "self-support."

"Six hundred and seventy-nine patients were of the free class, and 600 of the charity class," or little more than one half, roused to a sense of independence, in relation to the medical expences of sickness, while the other half are lowered in the scale of independence, by the charity system. This is doing and undoing; and yet it is stated, that "the fundamental principle of the institution is, to encourage a provident, and independent spirit among the working classes. The following resolution, or caution is added, viz.; "your committee would strongly impress on the minds of honorary subscribers the necessity of refusing charity tickets to all such as upon enquiry, shall be found able to subscribe, as free members." Now the

fact is, the honorary subscribers generally, will not take the trouble, or have it not in their power to do this; while they are willing to bestow their tickets on their servants, work-people, and favourites, and will not be dictated to, or act upon this advice, however reasonable, so long as they have the power to grant charity tickets.

Sixth report of the "Derby self-supporting, charitable, and parochial dispensary," 3rd November, 1836. Receipts: honorary fund, £206. 17s. 1d.; free class money, £89. 17s. 10½d.; from St. Alkmund's parish, for attendance on the paupers, deducting one fourth for drugs, £11. 16s. 3d. Received for midwifery cases, £8. 15s.—Total £110. 9s. 1½d. Payments:—for rent, drugs, &c., &c., with balance in hand of 3s. 4d., £206. 17s. 1d. Paid to seven surgeons, £110. 9s. 1½d.

"Fourteen hundred and ninety cases have received medical treatment; out of which, 602 patients have been attended at their own houses;" or 1s. 6d. per case, including £8. 15s. for 25 midwifery cases. It would appear, in the sixth year of this dispensary, that if its solvency had been left to the mercy of "self-support," it would have been £206. 17s. 1d. in debt.

Lymington, Hants, "self-supporting" dispensary. Receipts:—donations, £158. 0s. 6d.; first year's subscription, £88 15s.; payment of free members, £102. Total £348. 15s. 6d. Expenditure:—for rent, drugs, &c., &c., £167. 13s. 7d.; divided among six surgeons, £133. 13s. Total £301. 6s. 7d.

The free subscribers were 688; the sick attended, were 400; and the medical pay, amounted to 6s. 8d. per patient, including journeys within seven miles of Lymington. The proportion of "self-support" at this dispensary, was as £102. are to £301. 6s. 7d.

Report of "Lymington dispensary," April 27th, 1836. "The committee trust it will not be deemed intrusive again to call the attention of their more affluent neighbours, who do not already subscribe, to these favourable results, and to solicit their aid, which is required, to enable the committee to keep the charge to the free members, at the present low rate." The term "self-supporting," has been very properly omitted in this report. The number of free members are, 620; and the surgeons

are better paid than at most of these institutions.

Burton "self-supporting" dispensary. Report for 1833. Receipts:—paid by free members, £197. 7s.; paid by honorary members, being subscriptions and donations, £67. 19s. 6d.; reserved fund, £100.; fines, £2. 17s. 1½d.; interest on reserved fund, £2. 10s. 6d.; received on account of 39 midwifery cases, £15. 12s.; due to cash secretary, £2. 17s. Total £389. 3s. 5½d. Payments:—for rent, drugs, &c., &c., £184. 15s. 5½d.; surgeons attending 1044 patients, at 2s. each, £104. 8s., funds reserved in treasurer's hands, in case of epidemic disease, £100. Total £389. 3s. 5½d.

Report for 1836. Receipts:—reserved fund obtained by bazaar, £100.; subscriptions and donations, £61. 17s. 6d.; paid by the free members, £255. 6s. 7d.; fines, £8. 6s. 3d.; interest on reserved fund, £2. 10s.; received on account of 61 midwifery cases, £24. 8s.; due to cash secretary, £2. 2s. 1d. Total £454. 10s. 5d. Payments: for rent, drugs, &c., &c., £226. 5s. 7d.; surgeons attending 1399 patients, at 1s. 10d. each, £128. 4s. 10d.; fund reserved in treasurer's hands, in the event of epidemic disease, £100. Total £454. 10s. 5d.

One hundred and sixty-three pounds ten shillings, of the above, cannot come under the head of "self-support;" and yet the Burton dispensary is evidently far more "self-supporting" than most other dispensaries, thanks to the founders for rejecting the injurious machinery to which I have before alluded. The very judicious remark of Mr Robert Thornewill, honorary secretary and patron, in a letter to me, accompanying the report, deserves to be printed, and placed in the committee rooms of these institutions.

"We admit," says he, "but one class; all pay. If we admitted charity patients, on subscribers' recommendation, they would, nine times out of ten, absorb the patrons' money, and much more, in drugs, which would be unjust to the paying class. Pauper patients are equally objectionable, as the encouragement offered to the industrious, would be equally given to the improvident. Our plan is well understood by the poor, who willingly pay for the benefits they receive, with the greatest gratitude."

THE TERM "SELF-SUPPORTING" IMPROPER.—On this point, I am by no means singular in my opinion.

Dr. Storer, at page 69 of his treatise, entitled "Hints on the constitution of dispensaries," observes—"The denomination of 'self-supported,' as assumed in some instances, can only be received in a very qualified sense, and can never strictly belong to any dispensary, since independent of charitable objects, the advantages held out, and proposed to be bestowed on free subscribers, must cost considerably more than their subscriptions. It is essential to all dispensaries, that they should enjoy the patronage of the persons of chief influence and property in their neighbourhood, and that a large proportion of the funds should be supplied by donations and annual contributions from honorary members."

Dr. John M. Calvert, in his communication, "on dispensary associations," see appendix to the poor-law commissioner's report, observes, "these dispensaries have hitherto been called 'self-supporting'; but they are so only in part, in-as-much as the rich must subscribe. The term 'dispensary association' is better." In the leading article of "the Lancet," for March 30th, 1833, it is stated:—"In the first place, the title exhibits a glaring misnomer. If the thing be charitable, how is it "self-supporting?" and if it contains the machinery of "self-support," whence the necessity of charitable aid? The title therefore is objectionable, in-as-much as the free members, or those who subscribe weekly, a sum, which is deemed adequate to the provision of medicines and attendance for themselves and families, are required to connect themselves with an institution, which, at least, in one third of its proceedings may be regarded as strictly eleemosynary." And in "the Lancet," for January 26th, 1833. "Self-supporting dispensaries!" What an abuse of terms! The funds for its support are derived from the very small contributions of industrious labourers; from charitable and from parish payments, in proportion to the population." If these contributions comprehend the principle of "self-support," the man who lives on daily alms is a "self-supporter." And in the 2nd review of these dispensaries in "the Lancet" for August 31st, 1833, page 731. "In title they are delusive; in operation

they are defective," &c. And even Dr. Arrowsmith, while he insists on the propriety of the term, "self-support," as it respects these dispensaries, acknowledges, that it is, "perhaps, not quite a trivial matter, whether they be designated dispensary associations, with Dr. Calvert; or union dispensaries, with Mr. Yeatman; or self-supporting, with Mr. Smith." And again, "it should be as far as possible, self-supporting;" thereby admitting that it is not wholly "self-supporting;" and yet, because the surgeons at Coventry have requested in future, that £40., the salary of the dispenser (which by the third rule was chargeable on the honorary fund) be paid out of the free members' fund, the Doctor assumes, that "few persons will hereafter dispute the right of the Coventry dispensary to the title of self-supporting." "Not quite a trivial matter." No, I think not. To insinuate to the poor that they are independent of the rich in supporting these institutions, to beg patronage and pecuniary help from the latter, for the exclusive benefit of the former; and then to tell the rich the institution is "self-supporting," is a species of legerdemain for which I am not prepared, and I am sure Dr. A., on re-consideration will repudiate, with indignation, such charlatanerie: and yet, to this pass, his observations on "self-support," directly lead; besides, that it must sooner or later, if this false name be persisted in, strike a deadly blow at the existence of these institutions, by inducing the rich to suppose that their support is of little or no importance, that it is a matter of indifference to the community whether they support them or not; whether they give a donation merely, for outfit, or a large annual subscription towards their support; that whatever they give, or subscribe, they are to have no credit for, while, on the other hand, the poor are to be deluded into a belief that they can and do support these institutions themselves, independently of their richer neighbours.

If, therefore, this cognomen be honest, be not a delusion, I am utterly at a loss to know what is. It is too much the fashion of the age to make truth and justice yield to sophistry and the doctrine of expediency. 'It is expedient—I fancy the too zealous friends of "self-support," saying to themselves,—to apply this misnomer

to dispensaries, in order to induce the independent poor the more readily to subscribe their pence, and to tempt the rich to grant donations and annual subscriptions, so as to set the machine in motion, under the false impression, that when once this is done, it will be self-perpetuating.

Nor can I see why, "the novel element, the characteristic peculiarity of the system," is not brought clearly into view by calling these institutions, "dispensary associations with Dr. Calvert," or "union dispensaries with Mr. Yeatman," which they really are, as by terming them "self-supporting dispensaries with Mr. Smith," which they certainly are not.

The only sound and good novel element and characteristic peculiarity of the system, is the union of rich and poor, in founding and supporting district medical institutions, which was originally suggested by myself; therefore, I may be excused, if I be found rather warmly objecting to the title in question; while at the same time, I feel it to be my bounden duty, neither directly nor indirectly to permit, as far as in me lies, this new element, however valuable, to operate to the disadvantage of that good old element, the charity of the rich, without which these institutions must languish and die: and the performance of this duty is rendered still more necessary on my part, agreeing as I most cordially do with Dr. Calvert, "that the honorary subscribers must not have above one charity ticket a-year for each half-guinea, or it would be better, if they had only one for every guinea, and still better, (provided they will subscribe without them) if they have none at all." That dispensary associations, or, as I prefer calling them, union dispensaries and infirmaries, "are a positive advance in the path of improvement, by developing a source of revenue hitherto unattempted in such institutions, and by checking that lavish administration of medical charity, the evils of which have been strongly perceived," there can be no question; and the country, so far, is indebted to Mr. Smith for adding this new element, to medical institutions, established through his zeal and ability.

I am reminded by Dr. A., that the Lynn dispensary is entirely "self-supporting;" and, in answer to a letter from

me, Dr. Tweedale, president of the board of management of the "Lynn self-supporting institution, for the sick and hurt," has, very politely, forwarded to me a printed address to the inhabitants, accompanied with a circumstantial letter on the subject. In point of fact, however, that institution is not a dispensary; it is merely a club for the medical care of sick and hurt members, who pay a half-penny, or a penny a-week each, according to the number of members in each family; and for which, they are provided with a card to any one surgeon in the town he or she may prefer, receiving advice and medicine at his surgery, and visited at home, if necessary, like the sick members of any friendly, or benefit society.

OPPOSITION OF SURGEONS TO "SELF-SUPPORTING" DISPENSARIES.—Dr. Calvert observes, where the plan has failed, it has been owing to the opposition of the medical men of the place, or to some errors of the committee. "The greatest difficulty in establishing a dispensary of this kind has generally arisen from the opposition of the resident medical men;" all the medical men at Coventry, it seems, opposed, most strongly, the formation of the "self-supporting dispensary, which induced the committee to introduce other surgeons into that town."

Perhaps it will not be thought presumptuous in me, if I attempt to explain, what has been spoken of, as the almost mysterious opposition of surgeons, in general, to these dispensaries, "whose friendly co-operation is of the last importance."

In the first place, surgeons are not disposed to approve of the title given to those establishments, not only because it is unjust towards the honorary subscribers, but also, because it implies fair and adequate remuneration for professional services.

2ndly. They are not, as a body, reconciled to the acceptance of any pecuniary remuneration, of the nature offered at these institutions, lest the value of their services be underrated in other quarters.

3rdly. They are not prepared to visit, at their own residences, the poor, *en masse*, on terms ill defined and ever varying.

4thly. They think it unwise to mix up the parochial surgeonies with those institutions.

5thly. They cannot comprehend with what justice to the profession, or advantage to the community, all the medical men of any given town, are to be indiscriminately appointed to these institutions, no selection being made for length of services, professional attainments, or long continued kindness to the poor—No! medical men are all to be placed on the same dead level; the experienced and the inexperienced—in few words, those who have dearly earned public favour and patronage, and those who have not, are all to be placed on the same footing at these institutions! But suppose this unjust and unwise system changed—the name of these establishments altered so as not to confound their true nature—suppose the services of medical gentlemen to be wholly gratuitous at those dispensary houses, and the medical pay for the extraordinary labour and large portion of time bestowed in visiting the sick at their own places of abode, to be settled on a fixed and fair basis—a determination to have no coalition with parochial authorities—and lastly, the number of medical gentlemen appointed to each institution, to be limited to two or three, their election being determined by a majority of votes by ballot, and on the principle of merit:—in the event of these alterations being made I humbly conceive that surgeons in general would become sincere friends to the form of institution under consideration.

MEDICAL PAY FOR VISITING DISPENSARY PATIENTS AT THEIR OWN HOUSES.—Dr. Calvert has, with a laudable anxiety, devoted a considerable portion of his communication to the poor-law commissioners, in attempting to shew that surgeons to “self-supporting” dispensaries will be better paid for their services than under the present system: that committees, in future, must guarantee to surgeons the payment of 2*s.* per member, per annum, out of 3*s.*, which he calculates the average annual receipts from the poor subscribers will be, including children and infants; in addition to which, 1*s.* per mile, after the first mile, is to be paid for journeys, which is to be taken from the honorary fund, or 2*s. 6d.* for one mile and a half, to two miles and a half, “as probably no journey will be charged less than 2*s. 6d.* though the distance be only one mile and a half, this sum only repaying a surgeon, because, on an average, he visits more than one

patient in a journey." The Doctor then adds the following statements and remarks :—

"At Lymington in Hants, the committee gave the surgeons the surplus of the honorary fund, so that they got altogether about 5s. per patient, for journeys and attendance, the first year, but the subscription was reduced twenty per cent. at the beginning of the second. The dispensary includes a district of seven miles with a scattered population."

"At Rugby the parishes beyond one mile and under four, pay twenty-five per cent. more than those nearer."

"At Atherstone, within a distance of four miles, it was proposed to the parishes, to pay 2s. 6d. for every first journey, and 1s. for every subsequent one, but they thought it too much and declined the proposal, which they ought not to have done."

"It will generally be better to make some agreement with each surgeon, because it generally happens that some one surgeon has the principal practice in each village, and will be chosen by most of the free members to attend them; whilst he will consequently be able to visit them at a cheaper rate than another: thus at Burton, the surgeons do not charge the dispensary patients for journeys, unless sent for unexpectedly, which is liberal on their part: they must, however, be well paid for the first journey."

"If an addition is made to the gross remuneration of the surgeons, it should be twenty-five per cent. for a district not including more than four miles from the dispensary, and thirty-five per cent., if it is larger. Referring again to clubs, we see this is a greater increase than the country surgeon receives for his visits to patients in them."

"Upon the whole, some general agreement of this kind is better than to pay so much a visit; but if this latter plan is adopted, the sum for each will decrease with the increase of the members."

"What, therefore, has been thus far recommended, is this, that the poor, (taking adults and children together) should pay rather more for attendances and medicine, than is generally done in a club, the rich paying for a part of the medicines; that the poor should pay some-

what less for journeys than they do now, but that here, also, the rich should make up the deficiency."

Dr. Calvert, as before noticed, endeavours to do away with the opposition of surgeons, by shewing, "that they would be gainers in a pecuniary point of view, by supporting these dispensaries;" but, in his calculations, the Dr. does not, in the first place, take sufficiently into account, the important circumstance of the wives, and children of club-members being attended as private patients; and secondly, the fact, that although, at the present moment, the poor generally, are unable to pay medical bills, yet they may, at some future period, have it in their power to defray them, as formerly; while this dispensary scheme would deprive medical men of those persons as private patients. Again; dispensary-members consist of men, woman, and children, of all ages and conditions, while the club-members are chiefly young, and middle-aged men, earning tolerable wages; and consequently, for one, who applies for medical aid, in the course of a year, among the latter, three or four will be found requiring it among the former.

In my experience of clubs, the average of patients is, twenty per cent. Speaking of dispensary-members in relation to the proportion of patients, the Dr. makes the following statements. Mr. Smith says, fifty per cent; and they were about this, in the first year at Rugby; but in other places, they are much more, whilst in subsequent years, they are much less. They seem to be about eighty per cent., the first year or two. At Coventry, in the eighth month of its establishment, the members were 2,280, the patients 1,505, or sixty-six per cent. At Southam (see second annual report) there were 270 patients, out of 336 subscribers, or eighty per cent. At Lymington, out of 550 subscribers to October, 1831, there were 530 patients, or ninety-seven per cent. In 1832, out of 614 members, there were 480 patients, or seventy-eight per cent., including about 40 tickets to sick paupers. At Burton for the year ending October 31st, 1833, there were 1587 members, of whom 1044 were attended by the surgeons, during the year, or rather more than sixty-five per cent. And at Derby, as before noticed, they were sixty-eight per cent.

I protest, therefore, against the attempt of leading the public to suppose, that surgeons will be gainers, in a pecuniary way, by these institutions, so long as they remain in their present state. Although, however, I am a decided advocate for union infirmaries, and dispensaries, all the patients being attended at those institutions, gratuitously, and not at their own homes, unless by a visiting medical assistant, or apothecary, or house-surgeon; yet as far as pecuniary interests are concerned, I do not think it impossible to obtain, by some salutary regulation, the aid and support of surgeons in general to the institutions in question; namely, by excluding all children under 10 years of age, from becoming members, and by raising the subscriptions of those members, who may have occasion to be visited at their own residences, during any one year. The enormous proportion of patients among the members, prove that they apply for medical assistance on every occasion, however trifling. By increasing the subscriptions of those visited at their homes, few would trouble the surgeons, on that head, unless they really stood in need of it; and by excluding children, the medical gentlemen would not be deprived of the advantages of attending them as private patients; thus the number of visits might be greatly reduced, and the proportion of medical labour be brought to approximate nearer to that which is required by club-members, and by the poor, generally.

